

**Birds, bees and birth control:
a history of Family Planning in Queensland 1971-2001**

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No contributions by others.

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None

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Additional Published Works by the Author Relevant to the Thesis but not Forming Part of it

None.

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Abstract

The Family Planning Association of Queensland (now known as Family Planning Queensland) has played a significant role in providing sexual and reproductive health services since 1971, yet its history has been subject to very little investigation. This study examines the establishment of the organisation and its development over the next 30 years, focusing on the forces that shaped it and the local, national and international contexts in which it evolved.

Drawing on extensive archival and other primary and secondary source materials, the study shows that while FPAQ developed in parallel with the other Australian Family Planning Associations it cultivated a distinctive character as it responded to Queensland's physical, social and political environment. While initially the Association's priorities were to provide contraceptive and professional training services in Brisbane, it soon began community education, information and publicity and promotional activities, established a network of regional branches and developed governance processes to support them.

In articulating the history of FPAQ, the study fills a gap in the historiography of sexual and reproductive health services in Queensland and Australia and sheds new light on recent social, medical, nursing, political and women's history. In terms of family planning, it confirms that the 'personal is political' and adds to a growing body of literature which shows the interaction between issues of sexuality, reproduction and fertility control and public policy and social debates. In setting the history of FPAQ in international context, the thesis contributes to an understanding of the birth control movement, links between the past and the present, and the processes by which the International Planned Parenthood Federation, a large social movement organisation, transmitted values, policies and practices to one of its affiliates working at the local level.

The thesis takes an interdisciplinary approach to research, analysis and documentation of the establishment and development of FPAQ and the activities in which it became involved. While it is primarily a study in applied history, organisation and social movement theories have provided a useful framework for examining the Association's history.

Overall, the study argues that there were four main forces driving and shaping FPAQ. The birth control movement itself was influential. As a member of national and international family planning federations, the Association was assisted by them and was subject to the conditions of membership of

both. A second and equally significant influence was the Commonwealth Government which became the major funding and policy-making body following the election of the Whitlam Government. FPAQ was also affected by the Queensland environment in which it emerged and existed. Geography and demography and social, medical, legal and political issues all contributed to shaping the Association and giving it a distinctive Queensland character. Finally, the thesis argues that no less important than any of these was the force exerted by key individuals on the development of FPAQ, its manner of operation and the stance it adopted in relation to the outside world.

Keywords

family planning, birth control, sex education, sexual and reproductive health, women's health services

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List of Abbreviations

AFFPA	Australian Federation of Family Planning Associations
AGM	Annual General Meeting
AGPS	Australian Government Publishing Service
AIDS	Acquired Immune Deficiency Syndrome
AIHW	Australian Institute of Health and Welfare
ALRA	Abortion Law Reform Association
AMA	Australian Medical Association
AR	Annual report
CAE	College of Advanced Education
CARE	Campaign Against Regressive Education
CHP	Community Health Program
COAG	Council of Australian Governments
CSE	Classroom Sex Education
CWA	Country Women's Association
FGM	Female genital mutilation
FPA	Family Planning Association
FPA Inc	Family Planning Australia Incorporated
FPA/ACT	Family Planning Association of the Australian Capital Territory
FPA/NSW	Family Planning Association of New South Wales
FPA/UK	Family Planning Association of the United Kingdom
FPAA	Family Planning Association of Australia
FPAQ	Family Planning Association of Queensland
FPFA	Family Planning Federation of Australia
FPNSW	Family Planning New South Wales
FPO	Family Planning Organisation/s
FPQ	Family Planning Queensland
FPV	Family Planning Victoria
FWCW	Fourth World Conference on Women
HIV	Human Immunodeficiency Virus
HRE	Human Relationships Education
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
IUD	intrauterine device
MACOS	Man: a Course of Study
MLA	Member of the Legislative Assembly
NCW	National Council of Women
NHMRC	National Health and Medical Research Council
NMAC	National Medical Advisory Council
PDP	Personal Development Program
QTU	Queensland Teachers Union
RACGP	Royal Australian College of General Practitioners
RCDBR	Royal Commission on the Decline in the Birth-rate and on the Mortality of Infants in New South Wales

RCHR	Royal Commission on Human Relationships
RFDS	Royal Flying Doctor Service
RHA	Racial Hygiene Association
SEMP	Social Education Materials Project
SHFPA	Sexual Health and Family Planning Australia
STD(s)	sexually transmitted disease(s)
STI(s)	sexually transmissible infection(s)
STOP	Society to Outlaw Pornography
TAFE	Technical and Further Education
UN	United Nations
VD	venereal disease(s)
WEL	Women's Electoral Lobby
WHCS	Women's Health in a Changing Society
WHO	World Health Organization

Introduction

Today, when sexual and reproductive health services are taken for granted by most Australians, it is pertinent to remember that this was not always so. In the late 1960s, when the oral contraceptive pill had been available for almost a decade, many people found it difficult to access contraception, sex education was limited, rates of venereal disease, teenage pregnancy and illegitimate births were high, and there was a lack of facilities where health professionals could be trained in this rapidly expanding field. The New South Wales based Family Planning Association of Australia was the country's only organisation providing dedicated birth control services. Having been established as the Racial Hygiene Association in 1926, it had repeatedly but unsuccessfully tried to expand to other parts of Australia. From 1967 FPAA underwent a process of rejuvenation and began stimulating interest in the establishment of family planning organisations in other parts of Australia. It was supported in this by the International Planned Parenthood Federation, the leading body in the global birth control movement. In the early 1970s FPAA's efforts culminated in the establishment of Family Planning Associations in all other states and territories and the formation of the Australian Federation of Family Planning Associations.

This thesis examines the history of the Family Planning Association of Queensland from 1971 to 2001, focusing on the local, national and international contexts in which it emerged and developed and the forces which led to its establishment and shaped it over the next 30 years. In doing so, it explores questions relating to the nature of the organisation, the broader environment in which it grew, the players who were involved, opportunities and constraints, and the means by which it gained momentum, attained legitimacy, adapted and survived. It surveys issues of governance and the processes which were employed to mobilise support, build alliances, secure financial resources and sustain collective action. Given that FPAQ emerged and evolved with the assistance of members of the family planning movement, the thesis also investigates their impact.

The study makes a distinctive historical contribution in a number of ways. It articulates the previously undocumented history of what is now called Family Planning Queensland, a significant non-government organisation which offers sexual and reproductive health services through its Brisbane headquarters and seven regional branches. In doing so, it not only fills a gap in the historiography of

sexual and reproductive health services in Queensland and Australia but also sheds new light on recent social, political, medical, nursing and women's history. In terms of family planning, it adds to the growing body of Australian and international literature which shows the way issues of reproduction and fertility control have been influenced by, and in turn have influenced, public policy and social debates. In setting the history of FPAQ in the international context, the thesis contributes to an understanding of the birth control movement, continuities and discontinuities with the past and the processes by which IPPF, the world's second largest non-government organisation, transmitted values, policies and practices to one of its affiliates working at the local level.

The idea for the study arose out of my experience as Family Planning Queensland librarian from 1991 to 2004. While in this position, regular requests for information about the history of the Association prompted me to write a factsheet detailing the emergence and early development of FPQ and its links with interstate Family Planning Associations, Sexual Health and Family Planning Australia (the national federation) and the International Planned Parenthood Federation. In the course of preparing the factsheet, I became aware that, outside annual reports, the only published history of the organisation consisted of a three page summary in *Populate and perish*.¹ I also came to realise that, while FPQ's written history was slight, I was in regular contact with people who had been involved in starting it. In 2001, when the Association secured a Brisbane City Council Local History Grant, which enabled me to conduct oral history interviews with seven early participants, the seeds of this thesis were sown.

Birth Control Movement Historiography

Internationally

Scholars of historical developments in the field of family planning generally agree on the existence of a birth control movement. In the first volume of his history of sexuality, Michel Foucault refers to such a movement which he suggests began in the eighteenth century in the wake of the identification of 'population' as an economic and political 'problem'. He proposes that the 'socialization of procreative behavior' was achieved by economic, political and medical means, including through the use of birth control, and became one of the four central pillars of societal control.² Foucault recognises the complex

¹ Stefania Siedlecky and Diana Wyndham, *Populate and perish: Australian women's fight for birth control* (Sydney: Allen and Unwin, 1990), 193-6.

² Michel Foucault, *The history of sexuality, Vol. 1: an introduction* (Harmondsworth: Penguin, 1984), 103-5.

nature of birth control which on the one hand lends itself to regulation by the state but on the other is dependent on the discipline and constraint of individuals for effectiveness.³

While Foucault does not specify exactly when the movement began, most authors follow the lead set by medical historian Norman Himes. He dates it from 1822-23 when British social reformer Francis Place built on the ideas of political economist Thomas Malthus and took the first organised action to advocate the use of birth control. He wrote a treatise on the subject and distributed handbills informing working-class people about the methods they could use to limit their families.⁴

A small but substantial later body of work documents the history of various aspects of this movement. Introduction of the oral contraceptive pill, the rise of the women's movement and increasing interest in the origins of organised approaches to birth control resulted in the publication in the 1970s of detailed accounts of two groups which played pivotal roles. In a history of the Malthusian League, Rosanna Ledbetter tells of the establishment, rise and demise of the world's first organisation to take on an advocacy role and to internationalise the issue of birth control.⁵ Seventy-five years after the Malthusian League was established, the International Planned Parenthood Federation came into being as a network of family planning associations whose aim was to promote and facilitate the extension of birth control services worldwide. Its history to the early 1970s is documented by Beryl Suitters.⁶ Although both authors tend towards unquestioning acceptance of well-intentioned actors and unilinear progress, they nonetheless illustrate the often fierce battles which were waged worldwide for women to have the right to control their fertility. Through a few brief mentions, Suitters' work sets Australian developments in an international perspective and provides valuable background material for this study. A number of later works extend her analysis and provide insights into the way IPPF has functioned over time.⁷

³ *ibid.*, 147.

⁴ Norman E. Himes, *Medical history of contraception* (New York: Schocken Books, (1936) 1970), 223. See also, S. Chandrasekhar, *"A dirty, filthy book": the writings of Charles Knowlton and Annie Besant on reproductive physiology and birth control* (Berkeley: University of California Press, 1981), 14-20; Hera Cook, *The long sexual revolution: English women, sex, and contraception 1800-1975* (Oxford: Oxford University Press, 2004), 53; Robert Jutte, *Contraception: a history* (Cambridge: Polity Press, 2008), 107; Rosanna Ledbetter, *A history of the Malthusian League 1877-1927* (Columbus: Ohio University Press, 1976), xviii; James Reed, *From private vice to public virtue: the birth control movement and American society since 1830* (New York: Basic Books, 1978), 6; Clive Wood and Beryl Suitters, *The fight for acceptance: a history of contraception* (Aylesbury, UK: MTP, 1970), 133-5. Gordon acknowledges Place's actions but attributes the beginning of the US movement to the collective action of women in the mid-nineteenth century, Linda Gordon, *Woman's body, woman's right: birth control in America*, 2nd ed. (New York: Penguin, 1990), 78-81, 93-113.

⁵ Ledbetter, *History of the Malthusian League*.

⁶ Beryl Suitters, *Be brave and angry: chronicles of the International Planned Parenthood Federation* (London: IPPF, 1973).

⁷ Delores Foley, *Non-governmental organizations as catalysts of policy reform and social change: a case study of the International Planned Parenthood Federation*, PhD thesis, University of Southern California, 1989; Adriana Ortiz-Ortega

Also appearing in the 1970s were studies of the emergence and expression of the movement in the United States⁸ and Britain⁹ where the first birth control clinics were established in 1916 and 1921 respectively. They highlight the important role played by individuals such as Margaret Sanger and Marie Stopes and demonstrate that, while the movements in both countries share common origins, their histories diverged as they responded to their own social, legal and political environments.

Of all of the early accounts of the movement, feminist historian Linda Gordon's history of birth control politics in America stands apart for its critique. *Woman's body, woman's right* traces the development of birth control as both a social and political issue and a social movement, from the beginning of the nineteenth century to the early 1970s. First published in 1976 and updated in 1990 and 2002, it is the seminal work on which others have built.¹⁰ While acknowledging that birth control has been a fundamental part of the history of industrial and post-industrial societies and of women's emancipation and radical transformations of gender, Gordon rejects the notion of a progressive history in which a fixed set of outcomes is achieved through improved contraceptive methods and widening use. Instead she argues that the purposes and meanings of attempts to control fertility are created and recreated differently in different contexts, and are not individually constituted, but mediated by social and political forces.¹¹

Although Gordon states clearly that her focus is the United States, a shortcoming of the book is its neglect of the links between the American and international movements and the role played in both by Sanger. Given that she simultaneously drove developments in the United States, was the key player in internationalisation of the movement and the establishment of IPPF, and initiated research which led to the development of the oral contraceptive pill, this represents a significant gap in the narrative.

and Judith Helzner, 'Opening windows to gender: a case study in a major international population agency', *Social Politics* Spring (2003): 129-51; Heather Xiaoquan Zhang and Catherine Locke, 'Interpreting reproductive rights: institutional responses to the agenda in the 1990s', *Public Administration and Development* 24 (2004): 41-50.

⁸ Linda Gordon, *Woman's body, woman's right: a social history of birth control in America* (New York: Grossman, 1976); Reed, *Private vice to public virtue*. Reed (439-447) includes a bibliographic essay on primary and secondary sources used in his study. In a later article he summarises the history of the American movement to the early 1970s, James W. Reed, 'The birth control movement before *Roe v. Wade*', *Journal of Policy History* 7, no. 1 (1995): 22-52.

⁹ Audrey Leathard, *The fight for family planning: developments in family planning services in Britain 1921-74* (London: Macmillan, 1980); Wood and Suitters, *The fight for acceptance*.

¹⁰ This thesis references the 1990 edition and the renamed 3rd edition, Linda Gordon, *The moral property of women: a history of birth control politics in America* (Urbana: University of Illinois Press, 2002)

¹¹ Gordon, *Woman's body, woman's right*, viii-ix.

Later works illustrate differing expressions of the movement in countries around the world. Many of those emanating from the United States focus on the politics and policy implications of birth control, post-1970s domination of the movement by anti-abortionists and the religious Right, and the government's retreat from funding.¹² Hera Cook's work on fertility, sexuality and contraception from 1800 paints a different picture of developments in Britain, where the government increased its involvement in the 1950s and women from all classes began benefiting from access to free services and improved female-controlled methods of contraception.¹³

Comprehensive accounts of the evolution and development of family planning services in a number of other countries have added to the historiography of the international birth control movement.¹⁴ Although most make mention of affiliation with IPPF, very few detail its part in their development, in more than passing terms.¹⁵

In Australia

Prior to the 1990s, studies of the birth control movement and services in Australia were sparse. In 1977, Honours student Margaret Ripper wrote the first detailed history in which she traces the establishment and early development of both the Family Planning Association of Australia (formerly the Racial Hygiene Association, est. 1926) and the Family Planning Association of South Australia (est. 1970). While Ripper refers to a birth control movement, she notes that she uses the term 'movement' in a general sense and does 'not intend to infer that birth control advocacy represents a "social movement" in the usual sense of that term's usage'.¹⁶ Two years later, medical historian Frank Forster published an article dating the birth control movement in Australia from 1878 when Malthusian Henry Rusden published the first local edition of Dr Charles Knowlton's *Fruits of philosophy*, in which he included

¹² Adele Clarke, *Disciplining reproduction: modernity, American life sciences and the problems of sex* (Berkeley: University of California Press, 1998); Donald T. Critchlow, *Intended consequences: birth control, abortion, and the federal government in modern America* (New York: Oxford University Press, 1999); Carole R. McCann, *Birth control politics in the United States: 1916-45* (New York: Ithaca, 1994).

¹³ Cook, *The long sexual revolution*, 298-317.

¹⁴ Canada: Angus McLaren and Arlene Tigar McLaren, *The bedroom and the State* (Totonto: Oxford University Press, 1997); New Zealand: Helen Smyth, *Rocking the cradle: contraception, sex and politics in New Zealand* (Wellington: Steele Roberts, 2000); Germany: Atina Grossmann, *Reforming sex: the German movement for birth control and abortion reform 1920-50* (Oxford: Oxford University Press, 1995); Indonesia: Anake Niehof and Firman Lubis, eds., *Two is enough: family planning in Indonesia under the New Order 1968-98* (Leiden: KITLV Press, 2003). Australian developments are outlined in the following section.

¹⁵ An exception is Grossmann, *Reforming sex*, which pays considerable attention to IPPF's role and the value of the network in resettling family planning personnel who fled Nazi Germany.

¹⁶ Margaret Ripper, *An analysis of the development of birth control advocacy in Australia*, BA hon's thesis, Flinders University, 1977.

his own notes on available contraceptives and the need to discover more effective methods.¹⁷ In other works, Margaret Conley highlighted the RHA's links with eugenics, while Vimy Wilhelm, Diana Wyndham and Stefania Siedlecky summarised developments in family planning, focusing on the extension of services from the late 1960s.¹⁸

Siedlecky and Wyndham extended these accounts in 1990 with publication of *Populate and perish*, an impressive work which synthesises a vast amount of primary and secondary source material and stands as the only comprehensive analysis of the evolution and development of the movement in Australia. Beginning at the time of white settlement, the authors trace the histories of abortion, contraception and contraceptive services to the late 1980s. They connect these developments with state, national and international currents and argue that women have waged an ongoing battle against conservative forces for the right to control their fertility. While Siedlecky and Wyndham do acknowledge the existence of birth control as a social movement and include a chapter on it, they do not specify exactly what that movement encompassed or how it was expressed. Nor do they elaborate on, or make clear, the connection between the Australian Family Planning Associations and the International Planned Parenthood Federation with which they are affiliated. This thesis addresses these issues, and in doing so, extends the work of the above authors.

Since *Populate and perish* was written, the story of the Australian movement has been extended by a number of works. Wyndham provides a valuable perspective on the formative years of eugenics in Australia.¹⁹ Originally written as a doctoral thesis,²⁰ this study includes case studies of birth control pioneers Marion Piddington and Lillie Goodisson and demonstrates the considerable impact the eugenics movement had on the development of family planning and public health services in Australia. Ann Curthoys has also examined Piddington's involvement in eugenics.²¹ In an exploration of campaigns for white racial improvement emerging out of the Australian women's movement in the

¹⁷ Frank M. Forster, 'Birth control in Australia', *Victorian Historical Journal* 50, no. 4 (1979): 240-1.

¹⁸ Margaret Conley, 'Citizens protect your birthright: the Racial Hygiene Association of New South Wales', *Bowyang* 6 (1981); Diana Wyndham, 'Overview: the history of contraception, abortion and sex education in Australia', *New Doctor* 17 (1980): 16-19; Diana Wyndham and Rosa Needham, 'Family planning associations in Australia: key events from 1926 to 1983', *Healthright* 3, no. 1 (1983): 7-18; Vimy Wilhelm, 'Family planning in Australia', *Healthright* 3, no. 1 (1983): 4-6; Vimy Wilhelm, 'Family planning in Australia', in *Family planning, population education issues in Australia: the proceedings and discussions of the First Summer School on Family Planning*, ed. R. H. Cochrane (Sydney: Australia and New Zealand Book Co., 1974), 179-90.

¹⁹ Diana Wyndham, *Eugenics in Australia: striving for national fitness* (London: Galton Institute, 2003).

²⁰ Diana Wyndham, *Striving for national fitness: eugenics in Australia 1910s to 1930s*, PhD thesis, Univ. Sydney, 1996.

²¹ Ann Curthoys, 'Eugenics, feminism, and birth control: the case of Marion Piddington', *Hecate* 15, no. 1 (1989): 73-89

interwar period, historian Jane Carey focuses on the RHA, judging it harshly and suggesting that the above scholars have downplayed the extent of its eugenics interests, emphasising instead its support for birth control as a feminist project.²²

Adding to the literature are commemorative histories of varying types and lengths published by a number of Family Planning Associations. Those relating to the Australian Capital Territory²³ and Western Australia²⁴ provide brief chronological accounts of their establishment and subsequent development. The history of the Family Planning Association of Victoria is more detailed but has limitations.²⁵ Originally written by Kathleen Mather as a Masters thesis it presents an uncritical account of progress and pays almost no attention to the ongoing links with other state organisations or the national and international family planning federations. In attempting to paint a positive picture of the organisation, Mather distances the Victorian organisation from the eugenics roots of the Family Planning Association of Australia, claiming that while it assisted in the foundation of FPA/Victoria, the connection with the New South Wales group ceased there.²⁶

By contrast, the present study supports the notion already established by Ripper, Siedlecky and Wyndham that, through their connection with FPAA, all members of the Australian federation share a common heritage. While considering the ways in which the Associations were formally interlinked it also highlights their intrinsic differences.

A number of other works shed light on historical aspects of family planning in Australia. These include examination of attitudes to women, their bodies and their use of birth control in the context of socio-medical debates;²⁷ shifting views on sex education, maternity, sexuality and the value of birth control

²² Jane Carey, “‘Not only a white race but a race of the best whites’: the women’s movement, white Australia and eugenics between the wars”, in *Historicising whiteness: transnational perspectives on the construction of an identity*, ed. Leigh Boucher, Jane Carey and Katherine Ellinghaus, (Melbourne: RMIT Publishing, 2007), 162-70.

²³ Jeannie Gray, *Twenty-five years of service to the ACT community 1971-96* (Canberra: FPACT, 1996).

²⁴ Sally Rodgers, *Doing it better, Family Planning Western Australia: specialists in sexual health for 25 years 1972-97* (Northbridge: FPWA, 1997).

²⁵ Kathleen Mather, *Hope is not a method: a history of The Family Planning Association of Victoria 1969-94* (Richmond: Family Planning Victoria, 1995).

²⁶ Kathleen Mather, *Hope is not a method: a history of the Family Planning Association of Victoria 1969-94*, Masters thesis, Monash University, 1994, 8.

²⁷ Kerreen M. Reiger, *Disenchantment of the home: modernizing the Australian family 1880-1940* (Melbourne: Oxford University Press, 1985), Ch. 5; Alison Mackinnon, *Love and freedom: professional women and the reshaping of personal life* (Cambridge: Cambridge University Press, 1997), Ch 2; Lisa Featherstone, *Breeding and feeding: a social history of mothers and medicine in Australia, 1880-1925*, PhD thesis, Macquarie University, 2003, Chs 4 and 5.

for 'modern' mothers;²⁸ and Australian women's use of female-controlled methods of contraception compared with their English counterparts from 1890-1970.²⁹ All of the above have aided critical evaluation of the Australian birth control movement and the situation of women prior to the emergence of FPAQ.

Language and discourse

The language of the birth control movement and its links with contemporary ideologies is a recurring theme in the literature.³⁰ This is in keeping with Foucault's observation that, as the movement developed, the 'Malthusian couple' emerged, sex became an issue between the state and the individual 'and a whole web of discourses, special knowledges, analyses and injunctions settled upon it'.³¹

Linda Gordon innovatively frames her work around the evolving language and discourse of birth control which she argues are inseparable from the social and political environments in which they emerge. The terms used in successive eras are not merely different words for the same thing, but rather they reflect the changing purposes and meanings of attempts to control fertility. She identifies four major stages in the development of birth control politics, each with a different slogan for reproductive control and situates them in the context of ideologies which had currency at the time.³²

A work which extends Gordon's analysis and clarifies some inadequately explained ideological issues is *Disciplining reproduction*, a study of the evolution of scientific approaches to human reproduction in relation to 'the problems of sex'.³³ With a focus on America, Adele Clarke unravels the complex threads of the birth control and population movements, demonstrates the impact of the principles of scientific management, and shows the way lay advocates, doctors, academics and a wide range of scientists came together and transformed the previously 'illegitimate' reproductive sciences into a cohesive, respected discipline.

²⁸ Reiger, *Disenchantment of the home*, Chs 5, 8, 9; Lisa Featherstone, 'Sexy mamas? Women, sexuality and reproduction in Australia in the 1940s', *Australian Historical Studies* 126 (2005): 234-52.

²⁹ Hera Cook, 'Unseemly and unwomanly behaviour: comparing women's control of their fertility in Australia and England from 1890 to 1970', *Journal of Population Research* 17, no. 2 (2000): 125-41.

³⁰ Clarke, *Disciplining reproduction*, 173-74; Gordon, *Woman's body: woman's right*, 337-43; Betsy Hartmann, *Reproductive rights and wrongs: the global politics of population control* (Boston: South End Press, 1995), 57-8; Siedlecky and Wyndham, *Populate and perish*; Wood and Suitters, *The fight for acceptance*; Wyndham, *Eugenics in Australia*; Gordon, *The moral property of women*, viii-ix, 3-4; Leathard, *The fight for family planning*, 67-8.

³¹ Foucault, *The history of sexuality, Vol. 1: an introduction*, 26.

³² Gordon, *The moral property of women*, viii-ix, 3-4.

³³ Clarke, *Disciplining reproduction*.

As an understanding of the language and discourse of birth control is essential to appreciation of any aspect of the movement's history, the thesis draws on these works and incorporates explanations of the words and their meanings into the text.

Unfortunately Clarke does not apply her findings to IPPF. Instead she accepts the limited view put forward by Gordon that its focus was almost exclusively on the ideologies of eugenics and population control at the expense of family planning services.³⁴ The thesis challenges this view and suggests that IPPF responded to shifting ideological trends, became a major focal point around which the reproductive sciences coalesced and, from its inception, stimulated the development of grassroots services in countries around the world.

The ideological underpinnings of the movement and understandings of the language have led to criticism of individuals and organisations involved in the provision of birth control services. This is particularly so in relation to eugenics and population control and issues relating to race, class, politics, gender and inappropriate or forced use of contraception. IPPF,³⁵ the birth control movement in Australia,³⁶ Britain³⁷ and the United States,³⁸ and individuals such as Sanger³⁹ and Stopes⁴⁰ have all been the targets of criticism and the subjects of counter-claims. Another contentious issue is abortion and the often ambivalent attitude of family planning organisations towards its role in fertility control.⁴¹

³⁴ Gordon, *The moral property of women*, 282; Clarke, *Disciplining reproduction*, 185.

³⁵ IPPF is criticised in: Gordon, *The moral property of women*, 282; Sonia Correa, *Population and reproductive rights: feminist perspectives from the south* (London: Zed Books, 1994), 17; Hartmann, *Reproductive rights and wrongs*, 118-19, 194-5, 204, 248-50; Ruth Dixon-Mueller, *Population policy and women's rights: transforming reproductive choice* (Westport: Praeger, 1993), 86. For IPPF responses to criticism, see, Fred T. Sai, *Some ethical issues in family planning* (London: IPPF, 1977); IPPF, *IPPF issues manual* (London: IPPF, [1987]).

³⁶ Wyndham, *Eugenics in Australia*, 188-91; Conley, 'Citizens protect your birthright': 8-12; Carey, 'Not only a white race', 162-70.

³⁷ Cook, *The long sexual revolution*, 296-317. Cook devotes a whole chapter to countering such criticism, defending advances in contraceptive technology and services and championing the benefits of both for individual women.

³⁸ Clarke, *Disciplining reproduction*, 233-58. Clarke summarises the 'multiple alternative and critical positions' which have been taken in the United States and contributed to the notion of the reproductive sciences as 'illegitimate'.

³⁹ McCann, *Birth control politics*, 3-6, 100-22; Angela Franks, *Margaret Sanger's legacy: the control of female fertility* (Jefferson: McFarland Publishers, 2005), 25-9; Charles Valenza, 'Was Margaret Sanger a racist?', *Family Planning Perspectives* Jan-Feb (1985): 44-6.

⁴⁰ Deborah A. Cohen, 'Private lives in public spheres: Marie Stopes, the mother's clinics and the practice of contraception', *History Workshop* 35 (1993): 95-116.

⁴¹ For an international perspective see: Susan Cowan, 'The road from Rio to Cairo: towards a common agenda', *International Family Planning Perspectives* 19, no. 2 (1993): 61-6; Hartmann, *Reproductive rights and wrongs*, 258-67; Correa, *Population and reproductive rights: feminist perspectives from the south*, 68-73; Dixon-Mueller, *Population policy and women's rights: transforming reproductive choice*, 165-7. For a discussion of discourse relating to illegal abortion and

This thesis has been informed and influenced by all of the above works in its understandings of the complex nature of the movement, organised birth control services in Australia and worldwide, and the national and international contexts in which FPAQ emerged and developed. The point of difference is that in documenting the history of an Australian state-based family planning association, this study demonstrates the influence of the international movement on its establishment, the ongoing interrelationship between it and the national and international federations, and the way in which information and policies have filtered down and helped shape and sustain it. By setting FPAQ's history in national and international contexts it allows for comparison to be made with other FPOs as a means of determining its uniqueness. It also enables links to be made between the past and the present and for common themes, continuities and discontinuities to be identified.

Language Used in this Study

A number of terms are used interchangeably throughout. *Birth control*, *contraception* and *family planning* are all used to refer to methods people employ to limit births, while *birth control* and *family planning* are also used in conjunction with the social movement and the range of services which have arisen from the field. This reflects common usage; however, it is important to note that, technically, there are differences. *Contraception* describes the use of methods which aim to prevent pregnancy by ensuring that conception does not take place, while *birth control* also includes *abortion* as a means of limiting births and is referred to by some as the *birth control continuum*.⁴²

The evolving nature of the language is reflected in changes which have been made to the titles of organisations offering family planning services. Some of these are documented here as an aid to following the narrative. The first Australian family planning organisation began as the *Race Improvement Society* in 1926, changed its name to the *Racial Hygiene Centre of New South Wales* and in 1927 became the *Racial Hygiene Association*. It continued to use this name until 1960 when it became the *Family Planning Association of Australia*. In the 1970s, two separate organisations were created from FPAA to accommodate federal government involvement. They were the *Family Planning*

application by pro-choice advocates, see Barbara Baird, 'The incompetent, barbarous old lady round the corner': the image of the backyard abortionist in pro-abortion politics', *Hecate* xxii, no. 1 (1996): 7-26.

⁴² Kendra Sundquist, *The morning after: factors influencing the use of emergency contraception*, DEd thesis, University of Technology, Sydney, 1999, 2.

Association of New South Wales (1973) and the *Australian Federation of Family Planning Associations* (1974). Over the next 25 years, AFFPA became the *Family Planning Federation of Australia* (1985), *Family Planning Australia Inc.* (1992) and *Sexual Health and Family Planning Australia* (2000). To avoid confusion, the study refers to AFFPA, but from the mid-1980s on, it refers to the *federation* or the *secretariat* or spells out the name in full. Periodically, individual associations also changed their names. Fortunately, in the case of the organisation being investigated, it retained *Family Planning Association of Queensland* as its official name until 2000, even though it started branding itself as Family Planning Queensland from the early 1990s. FPAQ is therefore used throughout this account. To avoid confusion, the study uses the term *Family Planning Organisations (FPOs)* in a generic sense or when referring to some or all members of the Australian or international federations.

Methodology, Theoretical Considerations and Sources

The thesis takes an interdisciplinary approach to research, analysis and documentation. While it is primarily a study in applied history, organisation and social movement theories provide a useful framework for examining FPAQ's history.

John Tosh defines *applied history* as 'historical knowledge that has been built up in pursuit of academic ends but which also has a bearing on current public concerns'.⁴³ Given that family planning and the sexual and reproductive health issues it embraces continue to be of direct concern to professionals and most people at some stage of their lives, and that debates on related issues are ongoing, the topic lends itself to this approach. Tosh argues that to be effective, applied history should uphold the core principles of critical historical enquiry and demonstrate not only the profound differences which distinguish the past from the present but also the processes which explain how the present has grown out of the past.⁴⁴ In support of this argument, the thesis draws on the work of organisation and social movement theorists as an aid to understanding how and why FPAQ evolved and developed as it did.

The fields of organisation and social movement studies have emerged as significant areas of research over the past 40 years. *Organisational theorists* have focused on formal and informal *structures* within

⁴³ John Tosh, *Why history matters* (Basingstoke: Palgrave Macmillan, 2008), x.

⁴⁴ *ibid.*, 22.

and between organisations, institutionalised *authority*, and *organisational fields*.⁴⁵ Recognising that organisations are influenced by their social and cultural environments, they attempt to answer questions such as: Where do they come from? Who are the actors and what are the forces by which new types of institutions emerge? How are they constructed and how do they achieve stability, legitimacy and adherents? How do they lose credibility and undergo change? *Social movement theorists*, on the other hand, pay greater attention to *processes* such as the mobilisation of people, construction of purpose and identities, the building of alliances, and ways collective action is sustained.⁴⁶ Compared with their organisational counterparts, social movement theorists concentrate on change rather than stability, emerging rather than existing forms, contentious rather than prescribed politics, and society-wide rather than sector-specific systems.⁴⁷ Associations and national and international non-government organisations are recognised by them as constituting important categories of actors in terms of their influence on beliefs, norms and rules supporting organisations.⁴⁸ Over time, researchers in both disciplines have paid greater attention to empirical studies and to the importance of historical context and the wider environments in which organisations and social movements come into being, exist and evolve.⁴⁹ Particularly useful for the present study is a common framework developed by W. Richard Scott and Doug McAdam for studying the creation and development of organisations and social movements.⁵⁰ Also relevant is a recent compilation of research on the Australian not-for-profit sector.⁵¹

⁴⁵ For a comprehensive overview of the interests and work of organisational theorists see, W. Richard Scott, *Institutions and organizations: ideas and interests*, 3rd ed. (Thousand Oaks: Sage, 2008).

⁴⁶ Doug McAdam, John McCarthy, and Mayer Zald, eds., *Comparative perspectives on social movements: political opportunities, mobilizing structures and cultural framings* (Cambridge: Cambridge University Press, 1996), 1-40.

⁴⁷ For a comparative analysis, see Doug McAdam and W. Richard Scott, 'Organizations and movements', in *Social Movements and Organization Theory*, ed. Gerald F. Davis, et al. (Cambridge: Cambridge University Press, 2005), 8-12.

⁴⁸ John Boli and Frank Thomas, eds, *Constructing world culture: international non-government organizations since 1875* (Stanford: Stanford University Press, 1999); John Boli and Frank Thomas, 'World culture in the world polity: a century of international non-governmental organization', *American Sociological Review* 62 (1997): 171-90; Scott, *Institutions and organizations*, 100-01.

⁴⁹ McAdam and Scott, 'Organizations and movements', 4-5.

⁵⁰ *ibid.*, 17-19. The common framework incorporates examination of the *organisation field* as the fundamental unit of analysis; identification of the *period of interest* in terms of *actors* who are classified as *dominants*, *challengers* and *governance units*; the wider social *environment* in which the field exists, including opportunities and constraints presented by *external actors* and *governance units*; and the *institutional logics* such as values, norms and beliefs which guide the behaviour of those involved in the field. They propose additional concepts for studying the *origins* of organisations and movements. They suggest that while most periods of significant change begin with *destabilising events or processes* which have their origins outside the narrow confines of the field, *reactive mobilisation* and a series of *mobilising mechanisms* are necessary to set change into motion. Those driving change must be able to interpret events in terms of the opportunities they present for realisation of their interests; convince others to support the proposed new arrangement; and take innovative action to bring about change. If all of these conditions are satisfied, the end result is likely to be a *shift in strategic alignment* leading to a *new institutional settlement*.

⁵¹ Jo Baraket, ed., *Strategic issues for the not-for-profit sector* (Sydney: UNSW Press, 2008).

The work of theorists and practitioners has resulted in identification of essential elements of organisations and social movements and definitions which are useful to this study. Richard Scott identifies *organisations* as ‘collectivities oriented to the pursuit of relatively specific goals. They are purposeful in the sense that the activities and interactions of participants are centrally coordinated to achieve specific goals. Goals are specific to the extent that they are explicit, are clearly defined, and provide unambiguous criteria for selecting among alternative activities’.⁵² Jean Roberts defines an *incorporated not-for profit organisation* as one ‘where income in excess of expenditure is channelled back into the facilities, operation or services of the organisation’.⁵³ *International non-government organisations* are defined by John Boli and Frank Thomas as ‘more or less authoritative transnational bodies employing limited resources to make rules, set standards, propagate principles, and broadly represent “humanity” vis á vis states and other actors’.⁵⁴ John McCarthy and Mayer Zald classify a *social movement* as ‘a set of opinions and beliefs in a population which represents preferences for changing some elements of the social structure and/or reward distribution of a society’.⁵⁵ They distinguish between a *social movement* and a *social movement organisation*, which they describe as the ‘complex, or formal organization which identifies its goals with the preferences of a social movement...and attempts to implement these goals’.⁵⁶

A number of historians have made observations on the differences between history and the social sciences and the nature of the products which result from the two disciplines. According to Tosh, one of the distinguishing features of historians is that they are committed to taking an holistic approach in which the object of enquiry is placed in its full social and cultural context. He suggests that ‘this respect for context distinguishes them from economists and sociologists who often draw on historical material, but in a highly structured way, designed to match a specific set of research questions’.⁵⁷ Likewise, Gaye Tuchman suggests that even when a question has been inspired by interdisciplinary reading, the chances are that a historian and a member of another discipline would frame the question differently. She observes that historians do not use the conventions associated with publication in the

⁵² W. Richard Scott and Gerald F. Davis, *Organizations and organizing: rational, natural and open system perspectives* (New Jersey: Pearson Prentice-Hall, 2007), 28.

⁵³ Jean Roberts, *Managing governance in nonprofit organisations in Australia* (Toorak: Roberts Management Concepts, 2004), 11.

⁵⁴ Boli and Thomas, ‘World culture in the world polity’, 172.

⁵⁵ John McCarthy and Mayer Zald, ‘Resource mobilization and social movements: a partial theory’, *American Journal of Sociology* 82, no. 6 (1977): 1217-18.

⁵⁶ *ibid.*: 1218.

⁵⁷ Tosh, *Why history matters*, 22.

social sciences but instead they tend to write interpretive narratives into which they weave ideas and arguments rather than theory.⁵⁸ Historian Lawrence Stone acknowledges the potential for the social sciences to contribute to the work of the historian but, given that each one 'is a rapidly moving frontier', he urges caution:

The best the historian can do is to select what seems to him to be most immediately illuminating and helpful; to regard any formula, model, hypothesis, paradigm, or method as a good deal less than gospel truth; to stick to the firm conviction that any monocausal, unilinear theory to explain a major historical event is bound to be untrue; and not to be overawed by methodological sophistication...To ignore the contributions of the social sciences is clearly fatal...But the historian should advance gingerly in these areas and never forget the limitations imposed by his relative ignorance.⁵⁹

Guided by such thinking, this thesis does not attempt to emulate organisational or sociological theorists in its approach to the history of FPAQ. Rather it draws on the concepts and frameworks expounded by them as a means of understanding and identifying the important elements of this particular organisation and the social movement from which it evolved. They provide checklists for research and analysis and for structuring the account of the emergence and development of FPAQ.

Oral history and documentary research and analysis are the methodological foundations on which the study builds. Oral histories already compiled by me provide a valuable source of information for the study.⁶⁰ These have been supplemented by interviews with people who were involved with FPAQ at various stages of development. Despite the fact that oral histories can only ever harness subjective memories of individuals whose lives are lived in situations they do not always fully understand,⁶¹ they have filled gaps in knowledge, uncovered new sources of information and supplemented other forms of evidence. They provide a sense of place and community and personal perspectives on events, the context in which they took place and the nature of the organisation itself. In many cases they also illuminate the personalities, motivations and intentions of the interviewees. To balance the subjectivity

⁵⁸ Gaye Tuchman, 'Historical social science: methodologies, methods and meanings', in *Handbook of qualitative research*, ed. Norman Denzin and Yvonne Lincoln (Thousand Oaks: Sage, 1994), 314.

⁵⁹ Lawrence Stone, 'History and the social sciences in the twentieth century', in *The future of history*, ed. Charles F. Delzell (Vanderbilt: Vanderbilt University Press, 1977), 19.

⁶⁰ Sylvia Bannah, ed., *Family Planning Queensland: an oral history* (Fortitude Valley: FPQ, 2003).

⁶¹ John Tosh, *The pursuit of history: aims methods and new directions in the study of modern history*, 4th ed. (Harlow: Pearson Education, 2006), 320.

of these accounts, as far as possible, the evidence they provide has been evaluated against other sources of information, of which there are many.

The Family Planning Queensland Council granted me full access to the Association's previously unexamined archive of resources. This enabled me to draw on a wealth of primary and secondary source materials including annual reports; minutes of Council and Executive Committee meetings; correspondence from the pre- and post-establishment periods; symposium transcripts; memos, briefings and newsletters; consultants' reports and organisational reviews, reports and submissions; procedure manuals; press releases; photographs and audio-visual materials; newspaper clippings; and ephemera. Also included are resources relating to FPAA, the national federation and IPPF; and miscellaneous folders containing information on a wide range of contextual or controversial topics. All of these sources have been investigated and analysed for the light they shed on the emergence and development of FPAQ. Footnotes identify the location of FPAQ references by archive Box number, except in the case of minutes of meetings, correspondence and other items which are arranged by date and stored in nine large binders. Where no box number is indicated, FPAQ references may be found in these binders in Boxes 1-3. Having been entrusted to my care for the duration of this project, on its completion, the archives will be deposited with Fryer Library at the University of Queensland.

Professional historian Peter Donovan notes that companies, like individuals, are the product of both their upbringing and the effect of outside influences.⁶² While organisational records and oral histories provide a sound basis for analysing FPAQ's upbringing, many other primary and secondary sources have proven invaluable in setting the Queensland organisation in the context of developments at the state, national and international levels and facilitating analysis of its distinguishing characteristics. Previously mentioned works on the history of the family planning movement have all provided useful information and analyses. This is particularly so in the case of *Populate and perish*, which is the foundation on which the thesis builds. Many other primary and secondary sources have also been consulted. These include government-generated resources⁶³ and histories of related fields and

⁶² Peter Donovan, *So, you want to write history?* (Blackwood, SA: Donovan and Associates, 1992), 74.

⁶³ Commonwealth Dept of Health and Australian National Advisory Committee for International Women's Year, eds., *Women's Health in a Changing Society: proceedings of a conference on all aspects of women's health* (Canberra: AGPS, 1978); Royal Commission on Human Relationships, *Final report* (Canberra: AGPS, 1977); Commission of Inquiry into the Status of Women in Queensland, *Report and recommendations* (Brisbane: Government Publisher, 1974); Peter J. McNally, *Human relationships*, Brisbane: Curriculum Branch, Department of Education, 1976; Commission of Inquiry into the Nature and Extent of the Problems Confronting Youth in Queensland, *Report and recommendations* (Brisbane: Government

organisations.⁶⁴ With Queensland providing the backdrop to FPAQ's story, general and regional histories of the state and biographies of key players have been invaluable in setting the scene and providing perspectives on events and distinguishing characteristics.⁶⁵

Given that my past includes long term employment as the librarian at FPAQ, it is appropriate here to discuss the benefits and potential drawbacks of this. There are many advantages associated with having been an 'insider'. These include practical knowledge and understanding of the organisation, the way it worked, and its links with the outside world. Had I not been in that position, I may well have written a different thesis, one which paid much less attention to the role of the national and international federations. As librarian, I became familiar with the literature in the field and, through membership of

Printer, 1975); *Fourth interim report of the Select Committee on Education in Queensland: human relationships* (Brisbane: Government Printer, 1979); Report of Advisory Committee on Human Relationships (Brisbane: Government Printer, 1983).

⁶⁴ Works on abortion: Fryer Library, University of Queensland Library, Beryl Holmes and Janet Irwin, *History of Children by Choice Association*, [1982], F3112. (Struggle for choice is a similar manuscript held by Fryer Library [F3113]. The former has been used in this study because it contains a separate chapter by Irwin on the involvement of doctors.) See also, Lyndall Ryan, Margie Ripper, and Barbara Buttfeld, *We women decide: women's experience of seeking abortion in Queensland, South Australia and Tasmania 1985-92* ([Bedford Park]: Flinders University, 1994); Siedlecky and Wyndham, *Populate and perish*, 90-2; Judith Allen, *Sex and secrets: crimes involving Australian women since 1880* (Melbourne: Oxford University Press, 1990), 211-13. On civil liberties: Eddie Clarke, *Guardian of your rights: Queensland Council for Civil Liberties: a history 1966-2007* (Brisbane: Supreme Court of Queensland Library, 2008). On eugenics: Emily Wilson, *Eugenic ideology and racial fitness in Queensland 1900-50*, PhD thesis, University of Queensland, 2003. On the gay and lesbian movement: Clive Moore, 'Coming out, ready or not: gay liberation politics in Queensland, 1970s-1980s', in *Australia's homosexual histories*, ed. David L. Phillips and Graham Willett (Sydney: Australian Centre for Lesbian and Gay Research and Australian Lesbian and Gay Archives, 2000); Clive Moore, *Sunshine and rainbows: the development of gay and lesbian culture in Queensland* (St Lucia: University of Queensland Press, 2001); Yorick Smaal and Belinda McKay, eds., *Queer Queensland*, vol. 14, Special Issue, *Queensland Review* (St Lucia: University of Queensland Press, 2007). On sex education: Greg Logan, *Sex education in Queensland: a history of the debate since 1900* (North Quay: Educational History Unit, Dept of Education, 1991); Desmond J. Neuendorff, *Sex education in Queensland: the role of State Government initiative*, MA thesis, University of Queensland, 1977; Kelsey Powell, *History of sex education in Queensland from 1942-94*, Submitted as partial requirement for Bachelor of Education, University of Queensland, 1994. On sexually transmitted diseases: Milton Lewis, *Thorns on the rose: the history of sexually transmitted diseases in Australia in international perspective* (Canberra: AGPS, 1998). On women's groups: Fryer Library, UQ Library, Holmes and Irwin, *History of Children by Choice*, 54-7; Ros Mills and Rob Duffield, 'Rape crisis services in Queensland', in *On the edge: women's experiences of Queensland*, ed. Gail Reekie (St. Lucia: University of Queensland Press, 1994), 197-210; Pam Young, *Daring to take a stand: the story of the Union of Australian Women* (Wavell Heights: Pam Young, 1998).

⁶⁵ Peter Charlton, *State of mind: why Queensland is different* (North Ryde: Methuen, 1987); Raymond Evans, *A history of Queensland* (Melbourne: Cambridge University Press, 2007); Raymond Evans and Carole Ferrier, eds. *Radical Brisbane: an unruly history* (Carlton North: The Vulgar Press, 2004); Ross Fitzgerald, *From 1915 to the early 1980's: a history of Queensland* (St Lucia: University of Queensland Press, 1984); Ross Fitzgerald, *Made in Queensland: a new history* (St Lucia: University of Queensland Press, 2009); Grace Johansen, *Women in Central Queensland: a study of three coastal centres 1940-65*, PhD thesis, Central Queensland University, 2002; Hugh Lunn, *Joh: the life and political adventures of Johannes Bjelke-Petersen* (St Lucia: University of Queensland Press, 1978); *The Bjelke-Petersen premiership 1968-83: issues in public policy*, ed. Allan Patience (Melbourne: Longman Cheshire, 1985); Margaret Reynolds, *Living politics* (St Lucia: University of Queensland Press, 2007); Paul Reynolds, *Lock, stock and barrel: a political biography of Mike Ahern* (St Lucia: University of Queensland Press, 2002); Julianne Schultz, ed., *Hidden Queensland*, vol. 14, Special Issue, *Griffith Review* (South Brisbane: Griffith University and ABC Books, 2008); Jamie Walker, *Goss: a political biography* (St Lucia: University of Queensland Press, 1995); Rae Wear, *Johannes Bjelke-Petersen: the Lord's Premier* (St Lucia: University of Queensland Press, 2002).

the Family Planning Librarians' network, I was alerted to the function and value of the national body. In processing and drawing on the wide range of resources from IPPF, interest was sparked in its guiding role and mode of operation. Another advantage is the access which I had to people who were involved with FPAQ at the time or had been in the past. Employees from every section used the library as did many former and current members of the Council and others who were involved in related fields. This not only enhanced my understanding of individuals and the organisation, but it also led to a level of trust in relation to interviews and the granting of open access to the archives.

While my personal connection with FPAQ may be perceived to have the potential to compromise historical objectivity, I have consciously taken steps to mediate against this. The oral histories have been treated as just one source among many to be evaluated and critically analysed. As archival and other sources are so extensive, consistently I have found it possible to cross check personal accounts and set actions and events in broader contexts. Initial concerns about the need to make personal judgments were alleviated by the existence of substantial pieces of evidence such as organisational reviews, reports and exchanges of correspondence, which assessed individual and collective contributions and shortcomings and shed light on personalities and their actions. To avoid personal bias, I have followed the advice of John Tosh who suggests the historian 'should scrutinize his or her own assumptions and values in order to see how they relate to the enquiry at hand'; minimise 'the risk of assimilating findings to expectations', 'show as much respect for contrary as for supporting evidence'; and above all 'submit their work to the discipline of historical context'.⁶⁶

Timeframe, Structure and Chapter Outlines

The thesis documents the history of FPAQ from 1971 to 2001, setting it in the context of developments which began in the early nineteenth century. The starting point for FPAQ's history is clearly defined, as it came into being during 1971. The cut-off of 2001 has been chosen, not only because it marked the thirtieth anniversary of the Association, but, more importantly, because it marked 30 years of significant involvement by one key player, Marjorie Millburn. She was a founding member who provided leadership, initially as a volunteer, then as Administrator and member of the Executive Committee of the FPAQ Council. Her resignation in December 2001 signalled the end of an era and the beginning of a distinct shift in the organisation's style of management.

⁶⁶ Tosh, *Pursuit of history*, 206-07.

Given that the study argues that FPAQ emerged out of an international birth control movement, became firmly established by 1976 and persisted and changed over the next 25 years, it is written in three corresponding sections.

SECTION ONE contextualises the study by providing an historical overview of the international birth control movement and Australia's involvement. *Chapter 1* traces the emergence and expansion of the movement from the early nineteenth century to the beginning of the 1970s, focusing on developments in organised approaches to advocacy and delivery of services. It explores changes in social, political, religious, medical, legal and gender perspectives over time, and the impact of ideologies, technology, individuals, and government and non-government organisations. After detailing patterns which were established in Britain and America, its focus shifts to the internationalisation of the movement and the establishment and development of the International Planned Parenthood Federation. It concludes with an account of the movement in Australia to the early 1970s.

SECTION TWO comprises four chapters which provide a detailed chronological analysis of the establishment phase of FPAQ. *Chapter 2* examines developments in family planning in Queensland prior to April 1971 and provides an analysis of events which led to the creation of the Association and the launch of its first clinic in March 1972. It seeks to identify where the organisation came from, how it came into being, what forces were driving and inhibiting change, and who the key players were. *Chapter 3* traces developments to the end of 1972, setting them against the backdrop of Queensland's turbulent social and political environment. It examines the evolution of governance processes, beginning of State Government involvement, interest in starting branches, emergence of education, training, and publicity and promotion services and overall development of the Association as it put down roots. It concludes with the election of the Whitlam Labor Government and the promise of change. The *fourth chapter* examines the impact of the new government on the field, the formation of the Australian Federation of Family Planning Associations and consolidation of FPAQ from 1973 to 1976. *Chapter 5* focuses on the establishment and development of branches. It considers the origins of each in terms of the nature of the regions, opportunities and constraints, commonalities and differences and the impact of local groups and individuals. As the development of branches was not trouble free, the chapter also considers the issues which arose, the way they were dealt with and the processes which were put in place to bring the disparate parts of the organisation together into a workable whole.

SECTION THREE deals with developments in the organisation from 1977 to 2001, a period of consolidation, growth, maintenance and decline. This 25-year span is examined in four thematic chapters which correspond with FPAQ's main functions and services. *Chapter 6* examines issues relating to governance. In particular, it focuses on the Council and management team, their actions and interactions, and the way they dealt with internal and external challenges. Given that the Federal Government was the main funding body throughout this period, the chapter is structured around the tenures of successive regimes and explores their influence on the policies, direction, and waxing and waning fortunes of the organisation. Also considered are the impact of the national and international federations, the Queensland Government and the broader social, legal and political context in which FPAQ was operating. The analysis is aided by organisational reviews of both FPAQ and the national federation which highlight their strengths and weaknesses and make recommendations for change at various stages of development.

Chapter 7 provides an analysis of clinic services which FPAQ continued to prioritise throughout this period. It traces their evolution from a narrow focus on contraception to the broader field of sexual and reproductive health and explores the impact of the new agenda on them. It links these changes to parallel shifts in the field of public health and analyses the responses of the Commonwealth Government, IPPF, the national federation and the FPAQ management team. The chapter also examines themes relating to developments in contraceptive technology, expansion of the nurses' role, the impact of the Queensland environment, and the emergence of HIV/AIDs and the increasing incidence of sexually transmitted diseases. The chapter is arranged in timespans which correspond with the tenures of the heads of medical services, all of whom played dominant roles in shaping clinic services.

Education and training services are the focus of *Chapter 8*, which details their rapid growth during this period. It examines them in terms of leaders guiding their development, the programs which were offered, the changing client base, funding sources and the way the Association dealt with opportunities and challenges posed by the internal and external environments. It considers the influence of the Queensland Government and the shift in its relationship with FPAQ. Exploration of the branches and the people working in them sheds light on the nature of regional Queensland and the rewards and challenges involved in servicing such a large state. Adaptability, innovation, professionalisation, research activities and intersectoral cooperation are all examined, as are the growth of the International Program and the impact of the national and international federations.

The *final chapter* analyses the publicity and promotion programs which FPAQ employed to advertise, lobby, educate, inform and get its message across to policy-makers, people with influence, professionals, clients and the general public. It examines the role played by a succession of publicity and promotion officers and considers the contributions they made as they took advantage of rapidly changing technology and responded to their times and to local, national and international currents. With newspapers and ephemeral material being the major sources for this chapter, it is expressive of the nature of Queensland and its inhabitants and provides a measure of FPAQ's efforts to bring about attitudinal change.

Chapter One:

The birth control movement to 1970

*Joining nation states and professions as important classes of institutional actors exercising authority are an increasingly diverse array of organizations and associations operating at national and international levels*¹

When family historians begin delving into the past and piecing together the lives of their ancestors, it does not take long for issues of sexuality and fertility to emerge. Written and oral evidence commonly reveals the existence of very large families, illegitimate births, birth certificates altered to disguise shameful dates, questionable paternal responsibility, illegal abortion, sexual ignorance and unhappy relationships. In the case of Margaret Somers, her efforts to trace her husband's grandmother revealed much more. In 1994 she published a harrowing story which vividly illustrates the physical, emotional and economic costs to individuals, families and society, of lives lived without the means of controlling fertility and maintaining sexual and reproductive health.²



Figure 1: Florence Bebb as a young woman (Somers, 28)

Florence Bebb (née Wright) was born in Dalby in 1871 and had an illegitimate child when she was 17. By the time she was 21 she had married, moved to the booming frontier town of Hughenden, had two more children, and been abandoned by her husband, who left for the Ravenswood goldfields, never to be seen again. There were no social security benefits and the law was such that, even if she had wanted

¹ Scott, *Institutions and organizations*, 100.

² Margaret Somers, 'Pioneer women of Queensland: the other story', *Museums Australia Journal* 14 (1990): 28-31.

a divorce, she would have had to wait two years before she could apply for one. Florence took to prostitution and, by the time she was 40, had a total of 13 children to at least six different fathers. Five died in infancy, one had an intellectual disability, and four were sent to orphanages. Not only did she experience prostitution, uncontrolled fertility and a dysfunctional family but, by the time she was in her early thirties, she had also contracted syphilis, a venereal disease for which there was no treatment. When the syphilis had progressed to the third and final stage, Florence was sent to the Goodna Mental Asylum where she died five years later at the age of 59. At least one infant daughter and two of her partners also died from the disease.

While Florence's story is extreme, many of the problems she faced were common to other women living in colonial Queensland. Difficulties associated with sexual and reproductive health were not confined to the disadvantaged, but were shared by women from all social classes. Diaries and letters of Nora Murray-Prior, wife of Queensland Legislative Councillor Thomas Lodge Murray-Prior, stepmother of novelist Rosa Praed and aunt of poet Banjo Patterson, show that she also had little control over her fertility, and that pregnancy was not always welcome and nor was sex. In a series of letters written to Praed during the 1870s and 1880s, Nora despaired of a situation in which she lived 'in morbid horror of a large family', yet she had eight children in 12 years and admitted to welcoming miscarriages to alleviate the burden of childbearing. She described suffering perineal tears and haemorrhaging after her sixth child was born, only to find she was pregnant again nine months later. In veiled references to men's ongoing demands for sex she entertained the virtues of polygamy and wrote of the difficulty she had convincing her husband that she was 'not his ideal woman whose chief delight should be bearing men into the world and struggling and slaving to keep them there afterwards'.³

Women such as Florence and Nora had little choice but to bear many children. They lived at a time when contraceptive methods were limited, most were unreliable, childbearing and abortion were both dangerous, and women were spurned for attempting to control their fertility or for having children out of wedlock. Without realising it, they were also living in an era when a worldwide birth control movement was growing in strength and organised action was being taken to advance women's right to control their fertility. While this movement would lead to vast improvements in contraceptive

³ Katie Spearritt, 'The sexual economics of colonial marriage', in *On the edge: women's experiences of Queensland* (St Lucia: University of Queensland Press, 1994), 70-2.

technology and services, which would revolutionise women's ability to limit the size of their families and maintain sexual and reproductive health, Queensland would not formally participate until 1971.

This chapter provides an historical overview of the emergence and growth of the international birth control movement and Australia's involvement in it, as a context for understanding the history of the development of organised family planning services in Queensland. It identifies the overall 'organization field', the 'period of interest' and the 'social environment' in which the movement emerged and developed, the 'actors' who were involved, the 'agency' of individuals and the 'institutional logics such as values, norms and beliefs' which guided behaviour. In terms of the 'origins' of the movement and the organisations which followed, it considers 'destabilising events or processes', 'reactive mobilisation', and the 'mobilising mechanisms' which set change in motion.⁴

Emergence and Development of the Birth Control Movement

Origins and neo-Malthusianism

Although birth control and the search for ways of regulating fertility have been of concern to people for thousands of years,⁵ organised family planning services have a much shorter history. They emerged from a social movement, the origins of which lay in the ideas of British political economist, Reverend Thomas Malthus. In the wake of the overthrow of the monarchy in France and the industrial revolution in Britain, Malthus stirred interest in the problem of population and ways of controlling it through his *Essay on the principles of population*, which was published in 1798. He warned of pestilence, famine and war if the lower classes kept on increasing and suggested celibacy, postponement of marriage, *family prudence* and *moral restraint* as ways of keeping their numbers in check. Although Malthus was opposed to artificial means of limiting births, his theories stimulated debate on reproductive decision-making at a time when open discussion of matters relating to sexuality was taboo.⁶

⁴ McAdam and Scott, 'Organizations and movements', 17-19. See also, Paul J. Di Maggio, 'Interest and agency in institutional theory', in *Institutional patterns and organizations: culture and environment*, ed. Lynne G. Zucker (Cambridge: Ballinger, 1988), 3-21; McAdam, McCarthy, and Zald, eds., *Comparative perspectives*, 1-40.

⁵ Himes, *Medical history of contraception*; Jutte, *Contraception: a history*; Angus McLaren, *A history of contraception: from antiquity to the present day* (Oxford: Basil Blackwell, 1990); John M. Riddle, *Eve's herbs* (Cambridge: Harvard University Press, 2003); William H. Robertson, *An illustrated history of contraception* (Carnforth: Parthenon, 1990); Andrea Tone, *Devices and desires: a history of contraceptives in America* (New York: Hill and Wang, 2001); Wood and Suitters, *The fight for acceptance*; Gordon, *Woman's body, woman's right*, 26-90.

⁶ Chandrasekhar, "A dirty, filthy book", 2-10; Gordon, *Woman's body, woman's right*, 72-6; Ledbetter, *History of the Malthusian League*, xi-xii, 3-4; Wood and Suitters, *The fight for acceptance*, 130-2.

Malthusian ideas were taken up and modified by radical social and political reformer Francis Place. He rejected moral restraint and instead advocated the use of *precautionary means* of limiting population. He believed sexual intercourse was a wholesome, unavoidable part of marriage, but was concerned for the health of women who were ‘incessantly breeding’. He wrote a treatise on these issues and distributed handbills to the working classes which included information on *preventive checks* or methods of contraception.⁷ In so doing, he set in motion what medical historian Norman Himes describes as ‘the most remarkable, revolutionary, *organized* social movement of which history makes record’.⁸ Much later, this would become known as ‘the birth control movement’.

Place influenced other social reformers and the movement spread to Europe and America. Further publications followed, one of the most influential being *Fruits of philosophy* by American Dr Charles Knowlton. Published in 1832, it included information on withdrawal, vaginal sponges and condoms made of linen or animal intestine. It also recommended the new technique of douching or syringing the vagina with a spermicidal solution after intercourse. Although Knowlton served a prison sentence for his efforts, his book was influential and continued to circulate for many decades.⁹

From the 1870s, educational material and fertility control methods became more readily available through commercial outlets. The range of devices grew as vulcanisation of rubber enabled mass production of more reliable condoms, cervical caps, diaphragms and douching equipment.¹⁰ By the 1880s, spermicides had entered the market, the most popular being Rendell’s quinine and cocoa-butter pessaries.¹¹ Along with the expanding array of methods came a shift in the language used to describe them. In 1886 the word *contraception* entered the English language and became the first specific term to describe techniques for preventing conception.¹² Although it does not appear to have been

⁷ Chandrasekhar, “A dirty, filthy book”, 14-20; Gordon, *Woman’s body, woman’s right*, 78-81; Himes, *Medical history of contraception*, 212-25; McLaren, *A history of contraception*, 181; Wood and Suitters, *The fight for acceptance*, 133-5.

⁸ Himes, *Medical history of contraception*, 223.

⁹ Chandrasekhar, “A dirty, filthy book”, 21-5.

¹⁰ Tone, *Devices and desires*, 53-54; Wood and Suitters, *The fight for acceptance*, 129.

¹¹ *ibid.*

¹² *Oxford English Dictionary*, 2nd ed. (Oxford: Oxford University Press, 1989), 834. The *OED* attributes first use of the word to American birth control manufacturer and campaigner, Edward Bond Foote who wrote in *Radical remedy in social science: or, borning better babies...*: ‘Where it becomes a necessity to decide between lawful abortion and unlawful contraception, they prefer to break the man-made law against contraceptics rather than the natural law against abortion’. E.B. Foote Jnr. is credited with first use of the term *contraceptics*, which evolved into *contraception*, Himes, *Medical history of contraception*, 276, 280-1; Janice Ruth Wood, *The struggle for free speech in the United States, 1872-1915: Edward Bliss Foote, Edward Bond Foote and anti-Comstock operations* (London: Routledge, 2008), 18, 113.

commonly used until much later, it nonetheless marked the beginning of a move away from the vague euphemisms which had been used in the past.¹³

Despite the availability of more reliable methods, it was predominantly upper and middle-class couples who used them. Others resorted to withdrawal, folk methods, abortion and infanticide to limit their families. As most doctors rejected involvement in the field there was no research into the effectiveness or safety of competing methods. With birthrates declining rapidly, many in the medical profession shared the pronatalist views of the authorities and did not wish to be associated with this trend. Nor did they want to be seen to be encouraging the immoral consequences of the use of contraception.¹⁴

Distribution of contraceptives and related information caused problems on both sides of the Atlantic in ways which would have an impact on the development of the birth control movement. In the United States the Comstock Act of 1873 made it illegal to distribute obscene materials through the mail. By definition, this included any substance or device which prevented conception or caused abortion, or any literature discussing such matters. Removal of these laws would be the focal point around which American birth control advocates would later rally.¹⁵ In England, a defining event occurred in 1887 when freethinkers and birth control campaigners Annie Besant and Charles Bradlaugh were arrested and tried for selling Knowlton's *Fruits of philosophy*, which they had republished as a test case to establish the right of ordinary men and women to read about contraception. While they narrowly escaped prison, the trial attracted a great deal of publicity, focused attention on birth control and led to an explosion in sales of Knowlton's publication.¹⁶

The trial also led to the revival of the Malthusian League, the world's first organisation to advocate limitation of family size as an effective solution to poverty. With its primary aims being freedom to publicly discuss population issues and disseminate information, the League organised conferences, lobbied governments, pressed for legal change, and gathered support. Despite facing ridicule, opposition and indifference, its following grew to the extent that, by 1912, it had become an international body with membership of 15 countries. At a time of rapid socioeconomic change, neo-

¹³ Jutte, *Contraception: a history*, 2-3; Ledbetter, *History of the Malthusian League*, xiv-xv.

¹⁴ Gordon, *Woman's body, woman's right*, 167; Tone, *Devices and desires*, 79-81.

¹⁵ James Reed, *The birth control movement and American society: from private vice to public virtue*, Rev. ed. (Princeton: Princeton University Press, 1983), 37-9.

¹⁶ Chandrasekhar, "A dirty, filthy book", 26-49.

Malthusians were influential, made contraception a fit topic for public discussion and, in so doing, challenged conventional attitudes to sexuality.¹⁷

Neo-Malthusian demands for birth control were expressed differently in different parts of the world. According to Linda Gordon, in Britain they translated into a sexual reform movement which challenged Victorian standards of propriety, whereas in America they made their way via radicals and utopian socialists to the women's movement and were expressed in the slogan 'voluntary motherhood'.¹⁸ Although in general neo-Malthusians shied away from the practical provision of birth control, an exception was Holland's first female medical practitioner Dr Aleeta Jacobs, who opened the world's first birth control clinic in Amsterdam in the early 1880s. A decade later the national branch of the Malthusian League extended her work and began a short-lived service operated by midwives.¹⁹ These events heralded the beginning of a new era and a shift in the movement's goals.

From 'birth control' to 'family planning'

During the 'birth control era' the focus of the movement shifted from the dissemination of information to the practical provision of contraception. Radical lay campaigners such as Margaret Sanger and Dr Marie Stopes rose to prominence, popularised the idea that women might enjoy sex, promoted the use of female-controlled contraceptives and opened dedicated birth control clinics in the United States in 1916 and in Britain in 1921. The stories of Sanger and Stopes and American and British developments are briefly described to demonstrate the forces working for and against change, the evolution of the movement and ideologies guiding it, the way it spread to other parts of the world, the similarities and differences which emerged, and the impact of individuals. Although they were just two of many people driving change, both were charismatic and became the catalysts around which the movement grew. This account also enables links and comparisons to be drawn with events which unfolded in Australia.

Margaret Sanger (1879-1966) was an American socialist, anarchist, radical feminist and nurse. She believed that 'no woman can call herself free who does not own and control her own body'²⁰ and dedicated her life to emancipating women from the servitude of unwanted pregnancies.²¹ She published

¹⁷ *ibid.*, 49-54; Ledbetter, *History of the Malthusian League*, xiii-xiv, 4-55.

¹⁸ Gordon, *The moral property of women*, 44-52.

¹⁹ Suitters, *Be brave and angry*, 16; Ledbetter, *History of the Malthusian League*, 176-8.

²⁰ Lara V. Marks, *Sexual chemistry: a history of the contraceptive pill* (New Haven: Yale University Press, 2001), 183.

²¹ Gordon, *Woman's body, woman's right*, 203-240; Reed, *The birth control movement and American society*, 67-96; Tone, *Devices and desires*, 107-49.

articles on sex education and venereal disease, and in 1914 started an independent magazine *The Woman Rebel*.²² In a deliberate attempt to challenge the law, she included information on *birth control*, a new term which conveyed the empowering possibilities of contraception. The paper was declared unmailable under the Comstock Act and Sanger was charged with obscenity. She fled to Europe leaving behind 100,000 leaflets containing instructions on birth control methods, which she organised to be distributed ‘to poor working men and women who are overburdened with large families’.²³ After the charges were dropped, she returned to America where she travelled the country urging women to take matters into their own hands and establish birth control advice centres.²⁴



Figure 1: Margaret Sanger and sister Ethel in court in 1916, and the Brownsville slums where they established America's first birth control clinic (Wood & Suitters, 18-19)

When Sanger and her sister opened America's first birth control clinic in New York in 1916, within 10 days it was closed by the vice squad and she was arrested and jailed for 30 days. The case generated extensive publicity and inspired other women to open clinics in defiance of the law. The resulting

²² In keeping with Sanger's beliefs as a Wobbly (member of the International Workers of the World), she claimed for rebel women: the right to be lazy, to be an unmarried mother, to destroy, to create, to love and to live, Wood and Suitters, *The fight for acceptance*, 182.

²³ Gordon, *Woman's body, woman's right*, 219-20.

²⁴ Marks, *Sexual chemistry*, 183.

arrests and trials increased support for birth control, which became the rallying cry for a large, radical movement involving both educated and working class women.²⁵ Sanger appealed the court's decision and, although the Comstock Act was upheld, the judge affirmed the legality of contraceptives for disease prophylaxis, which was taken to mean prevention of venereal disease and dangerous pregnancies. Interpreted this way, the law would not prevent doctors from prescribing contraceptives and obtaining them through the mail when medically necessary.²⁶

Turning the finding to her advantage, Sanger established the American Birth Control League in 1921, began recruiting doctors and two years later opened a new clinic. She cultivated the backing of wealthy people, sought to attract medical and scientific support and organised conferences on birth control. By this stage, she had given up on her original aim of law reform and instead was advocating provision of services by 'doctors only'. The new approach minimised opposition from the medical profession and countered claims by authorities that birth control reformers were encouraging immorality and undermining national vitality. The clinics served as teaching centres for doctors and provided case studies for research which affirmed the value of birth control.²⁷

Dr Marie Stopes (1880-1958) was equally influential in early twentieth century Britain where neo-Malthusians had begun pressing for the opening of birth control clinics. Progress was interrupted by the First World War so it was not until 1921 that Stopes and the Society for Constructive Birth Control and Racial Progress opened the country's first service in Holloway. The Mothers' Clinic aimed to help women use contraception as a means of providing sexual satisfaction, freedom from unwanted pregnancy and joyful motherhood. This clinic and one established by the Malthusian League were intended as models which could be replicated by public authorities. Both Stopes and the League lobbied the government to extend maternal and child welfare services to include contraceptive advice.²⁸

Stopes was a brilliant scientist and academic whose interest in issues of sexuality and birth control was sparked by a disastrous marriage in 1911. Realising after some time and much research that she was still a virgin, she took steps to have the marriage annulled.²⁹ Hoping to spare others the pain of such

²⁵ Gordon, *Woman's body, woman's right*, 225-8.

²⁶ Tone, *Devices and desires*, 107.

²⁷ Gordon, *Woman's body, woman's right*, 258-60.

²⁸ Leathard, *The fight for family planning*, 6-17.

²⁹ *ibid.*, 11.

ignorance, in 1918 she published *Married love*,³⁰ an innovative marriage manual which transformed the discourse on heterosexual sexuality and contraception. It encouraged both partners to understand relationships and sexual problems and promoted the idea that women might enjoy sex. Although it referred only briefly to the use of birth control, popular demand led to publication of *Wise parenthood*, a guide to contraception.³¹ Both books became bestsellers and were requested by lay and professional people from all around the world.³² While lauded by supporters for being bravely outspoken, they were condemned by doctors, who were outraged that a woman without medical qualifications had presumed to write about such matters.³³



Figure 2: Marie Stopes with nurses from the Mothers Clinic for Constructive Birth Control (Hall, 189)

Doctors also complained that the Mothers Clinic was encroaching on their territory, was staffed by nurses and did not employ a gynaecologist. Stopes chose to employ trained midwives because she believed that working-class women would be more at ease with them than doctors, whom they associated with illness, expense and alienation. Nurses examined patients and gave contraceptive advice, referring abnormal cases to a female clinic doctor. As the service was founded specifically to meet the needs of the poor, consultations were free for any married person and contraceptives were

³⁰ Marie Carmichael Stopes, *Married love: a new contribution to the solution of sex difficulties*, 24th ed. (London: Putnam, 1940).

³¹ Marie Carmichael Stopes, *Wise parenthood: the treatise on birth control for married people: a practical sequel to "Married Love"*, 15th ed. (London: G.P. Putnam's sons, 1928).

³² Cook, *The long sexual revolution*, 124-5, 353, includes worldwide sales figures for *Married Love*: 1923-406,000; 1938-810,000; 1955-1,032,000.

³³ Leathard, *The fight for family planning*, 11-12.

sold at cost price or given away. When Stopes established a Medical Research Committee in 1922, it included eminent doctors who supported her and whose presence helped legitimise the clinic as authoritative and scientific in its approach. She also enlisted the support of prominent figures as patrons and held public meetings to spread the word and endorse the work of the clinic.³⁴

From the mid-1920s the birth control movement began to change in both countries. It became increasingly medicalised, professionalised, institutionalised and national in scale and its radical image faded as the ideas of eugenics took hold. Eugenics was an adaptable ideology which became popular from the late nineteenth century and had an impact on many areas of thought. It attracted widespread international support from people whose backgrounds ranged from the scientific to the moralistic and who were motivated by beliefs which were variously humanitarian, economic, racist or discriminatory. Eugenists built on neo-Malthusian and Social Darwinist ideas and proposed that the qualities of the human race could be improved by the application of science to breeding. 'Positive' eugenists promoted childbearing by the 'fit', while 'negative' eugenists discouraged reproduction by the 'unfit' or people of 'inferior stock'.³⁵ Given impetus by the new 'science' of human heredity, eugenics became popular because it appeared to give authoritative precision to concepts which were inherently discriminatory, but had long been part of popular opinion and scientific thinking.³⁶

Stopes and Sanger incorporated the ideas of eugenics into their discourse.³⁷ Stopes dedicated *Wise parenthood* 'to all who wish to see our race grow in strength and beauty' and advocated sterilisation as a means of minimising the impact of the 'careless, stupid or feeble-minded who persist in producing

³⁴ *ibid.*, 12-15.

³⁵ The historiography of eugenics is extensive. Sources consulted include Lisa Featherstone, 'Race for reproduction: the gendering of eugenic theories in Australia, 1890-1940', in *A race for a place: eugenics, Darwinism and social thought and practice in Australia*, ed. Martin Crotty, John Germov, and Grant Rodwell (Newcastle: University of Newcastle, 2000), 9-17; Stephen Garton, 'Sound minds and healthy bodies: reconsidering eugenics in Australia, 1914-40', *Australian Historical Studies* 103 (October 1994): 163-81; Gordon, *Woman's body, woman's right*, 118-32; Daniel J. Kelves, 'Eugenics and human rights', *British Medical Journal* 319 (1999): 435-9; Grant Rodwell, 'Curing the precocious masturbator: eugenics and Australian early childhood education', *Journal of Australian Studies* 59 (1998): 82-92; Nancy Stepan, *The idea of race in science: Great Britain 1800-1960* (Oxford: Macmillan Press, 1982); Tone, *Devices and desires*, 163-81; Emily Wilson, 'Eugenic ideology and racial fitness in Queensland, 1900-50', PhD thesis, University of Queensland, 2003, 5-26; Wyndham, *Eugenics in Australia*, 351-8; Carol Bacchi, 'The nature-nurture debate in Australia, 1900-14', *Historical Studies* 75 (April, 1980): 199-212.

³⁶ Stepan, *The idea of race in science*, 111.

³⁷ On eugenics in relation to family planning, see Gordon, *Woman's body, woman's right*, 269-86; Wyndham, *Eugenics in Australia*; Tone, *Devices and desires*, 144-48; Siedlecky and Wyndham, *Populate and perish*, 105-13; Ann Curthoys, 'Eugenics, feminism, and birth control: the case of Marion Piddington', *Hecate* 15, no. 1 (1989): 73-89; McCann, *Birth control politics*, 19.

infants of no value to the State and often only a charge on it'.³⁸ While Sanger maintained that 'Only upon a free self-determining motherhood can rest any unshakable structure of racial betterment',³⁹ she nonetheless agreed that coercion was advisable in certain cases: 'The grosser, the more obvious, the undeniably feeble-minded should, indeed, not only be discouraged but prevented from propagating their kind'.⁴⁰ Both Stopes and Sanger have been accused of being racist, discriminatory and anti-feminist.⁴¹ In their defence, a number of authors have argued that at the same time as they were loudly proclaiming eugenics views, they were concerned for the happiness and health of individuals and were, in fact, facilitating the provision of services for women from all backgrounds who would otherwise not have had access to birth control.⁴²

By the 1930s the ideological underpinning of the movement began to shift once more as the ideas of eugenics became discredited, the principles of scientific management were popularised, and social and political support for the institution of the family took hold.⁴³ Birth control groups distanced themselves from eugenics and began changing their names as evidence of abuses of the ideology unfolded in Nazi Germany and research demonstrated flaws in the methodology which had been used to support it. In Britain, under the shadow of a depopulation scare and having been blamed for the falling birthrate, the National Birth Control Association became the 'Family Planning Association' in 1939.⁴⁴ Likewise, the Birth Control Federation of America was renamed the 'Planned Parenthood Federation of America' in 1942.⁴⁵ The new names marked a break with the radical past and the negative connotations of the term birth control. *Family planning* and *planned parenthood* suggested positive action, but were innocuous and avoided links with sexuality and the mechanics of reproduction. They suggested planning of families, spacing of children and achievement of pregnancy as well as prevention of it. The new spirit was captured in an early 1940s American poster, which proclaimed: 'MODERN LIFE IS BASED ON

³⁸ Stopes, *Wise parenthood*, 55.

³⁹ Sanger quoted in McCann, *Birth control politics*, 99.

⁴⁰ Sanger quoted in Valenza, 'Was Margaret Sanger a racist?': 44.

⁴¹ For a summary of contemporary debates hinging on whether Sanger was racist, see McCann, *Birth control politics*, 100-22. For a recent, vitriolic attack on Margaret Sanger, see Angela Franks, *Margaret Sanger's legacy*, 25-9. Franks argues that through her involvement with eugenics Sanger 'initiated and sedimented' a pattern of controlling women. She suggests that in bringing together birth control, eugenics control and population control she championed an ideology which was ultimately destructive of the ideals of female liberation and is manifest in contemporary birth control organisations. See also, Charles Valenza, 'Was Margaret Sanger a racist?', 44-6. Re criticism of Stopes, see, Deborah A. Cohen, 'Private lives in public spheres': 95-116; Cook, *The long sexual revolution*, 299-300.

⁴² Cohen, 'Private lives in public spheres': 95-115; Cook, *The long sexual revolution*, 299-300; McCann, *Birth control politics*, 107-11.

⁴³ Gordon, *Woman's body, woman's right*, 245-296, 306; Tone, *Devices and desires*, 117-149.

⁴⁴ Leathard, *The fight for family planning*, 67-8.

⁴⁵ Gordon, *Woman's body, woman's right*, 337-43.

CONTROL AND SCIENCE. We control the speed of our automobile. We control machines. We endeavour to control disease and death. Let us control the size of our family to ensure health and happiness'.⁴⁶

By the time the name changes came into effect, in both countries, the disparate groups offering birth control had united and become national organisations. In Britain, local health authorities began working in partnership with the national body; the Government and the Anglican bishops endorsed the provision of contraceptive advice; and birth control was being recognised as a public health issue.⁴⁷ While progress in the United States was not as straightforward, by 1942 the number of clinics had risen to 800 and overall support for the movement was strong. The Comstock Laws had been overturned and the American Medical Association had agreed to study contraceptive practices and allied problems.⁴⁸

Population control era

Between 1945 and 1965 the rhetoric and focus of the movement segued from family planning to *population control*, conservative leaders took charge and the earlier emphasis on women's autonomy and their right to enjoy sex without the fear of pregnancy faded.⁴⁹ In this era, worldwide interest in family planning was stimulated by the spectre of a 'population explosion' and the perceived need to control births, particularly in developing countries. World population was increasing rapidly, not because families were having more children, but because the death rate was falling and the average lifespan of people was increasing due to improved medicine and better methods of food production and distribution.⁵⁰ Concerned about population growth and its consequences for their economies, governments began incorporating fertility control into state programs as a form of social planning. As increasing numbers of doctors and reproductive scientists became involved, funding began to flow and the legitimacy of the birth control movement grew. By the end of the 1960s, family planning had not only become respectable but was also considered to be necessary for political and economic stability.⁵¹

The most significant development in the movement during this era occurred in 1952 when the International Planned Parenthood Federation was established. In addition to promoting women's right

⁴⁶ Quoted in Gordon, *The moral property of women*, 242; see also, Clarke, *Disciplining reproduction*, 173-4.

⁴⁷ Leathard, *The fight for family planning*, 44-53, 64-6.

⁴⁸ Sutters, *Be brave and angry*, 5-10.

⁴⁹ Gordon, *Woman's body, woman's right*, 338.

⁵⁰ Wood and Sutters, *The fight for acceptance*, 196-7.

⁵¹ Clarke, *Disciplining reproduction*, 174-5; Marks, *Sexual chemistry*, 29-30.

to control their own fertility, a major aim of IPPF was to increase access to birth control services worldwide, as a means of improving the health of women and children, lowering rates of maternal and infant mortality and reducing the need for abortion. The Federation was formed by family planning associations from eight countries. By 1967, its membership had grown to 40.⁵²

The movements in Britain and the United States followed different paths as they responded to their social and political environments. The British Family Planning Association expanded rapidly and, from 1955 on, the Government increased its involvement in the provision of services.⁵³ Although the American Planned Parenthood Federation remained more conservative and supportive of population control, it nonetheless succeeded in making contraception more accessible. In freeing increasing numbers of women from unplanned pregnancy, organisations such as these contributed to the creation of conditions which were conducive to the revival of second-wave feminism and further transformation of the movement.⁵⁴

In *Disciplining reproduction*, Adele Clarke convincingly demonstrates that the American birth control movement was shaped by the unlikely convergence of lay advocates, health workers, academics, researchers, geneticists, demographers and reproductive scientists who opportunistically combined to counter the 'illegitimacy' of being involved with issues of human reproduction.⁵⁵ As the previously separate 'problems of sex' merged, the boundaries between sexology, reproductive sciences, contraceptive and fertility research and the provision of birth control services became blurred. Clarke argues that, during this period, the reproductive sciences were transformed into a cohesive discipline capable of attracting large amounts of funding, contributing to public policy, supporting research and aiding the provision of practical services.⁵⁶ While Clarke pays little attention to the international movement, she nonetheless dismisses IPPF and follows Gordon in stating that its focus was on eugenics and population control at the expense of 'old fashioned' birth control or family planning services.⁵⁷

⁵² See section below for more detailed history of IPPF.

⁵³ Cook, *The long sexual revolution*, 296, 316.

⁵⁴ Gordon, *Woman's body, woman's right*, 338-40.

⁵⁵ For an account from a demographer's perspective, see John C. Caldwell, 'Demographers' involvement in twentieth century population policy: continuity or discontinuity?', *Population Research and Policy Review* 24 (2005): 359-85.

⁵⁶ Clarke, *Disciplining reproduction*, 12.

⁵⁷ Gordon, *The moral property of women*, 282. Clarke, *Disciplining reproduction*, 185.

The following analysis will show that this was not the case and that, instead, the Federation responded to contemporary ideological currents, became a significant focal point around which the reproductive sciences coalesced and facilitated the expansion of grass-roots services in countries around the world, including Australia.

Internationalisation and Formation of IPPF

IPPF grew out of the efforts of Margaret Sanger and her colleagues who had been pressing for the formation of an international birth control advocacy organisation since the 1920s. They regularly came together at conferences and formed a worldwide network of individuals and groups with common goals. These were formalised in 1930 when delegates at the Seventh International Birth Control Conference decided that contraception should be regarded as an essential part of preventive medicine programs in all countries; that providing information about it was the best way to prevent abortion; and that instruction in contraceptive methods should be part of all medical curricula. They also endorsed sterilisation as an alternative method of contraception and ruled that doctors should only prescribe chemical contraceptives if their formulations were known.⁵⁸ This set the program for the future of the family planning movement and resulted in the establishment of the International Birth Control Information Centre in London under the leadership of Sanger. Worldwide contacts were made, 'official correspondents' were appointed in 25 countries and members made promotional visits to at least 21 countries where birth control clinics were already operating.⁵⁹

National and international progress was interrupted by the Second World War. Contacts were destroyed, services virtually came to a halt and, when the war was over, there seemed no way forward for the movement. The first attempts to revitalise it came from Sweden which had suffered less destruction than many other countries and had developed a vibrant, government-endorsed sex education program under the leadership of Elise Ottesen-Jensen and the National League for Sex Education. In 1946 they extended their national conference to include international delegates interested in sex education and birth control. This led to a follow-up conference in Cheltenham where attendees

⁵⁸ Suitters, *Be brave and angry*, 4, 12-13.

⁵⁹ *ibid.*

were urged to 'join in common cause and work out a programme to educate or spread knowledge of contraception gained in other countries, to the people who need it'.⁶⁰

In 1952 this goal moved a step closer to being realised when the International Planned Parenthood Federation was established at the Third International Conference on Planned Parenthood in Bombay, an event which attracted 487 delegates and observers from 14 nations. Those countries with already existing national services were eligible to become full members while others with localised services could join as associates. Of the eight family planning organisations which became full members, all of the leaders were women and three had been jailed for their activities in promoting women's right to control their fertility.⁶¹ Despite receiving financial and other support from organisations such as the British Eugenics Society, IPPF's first constitution articulated the belief that 'knowledge of planned parenthood is a fundamental human right', a position it has maintained ever since.⁶²

IPPF members included most of the early leaders of the global movement who worked as voluntary ambassadors, developing and extending the increasingly influential network. They travelled around the world, finding interested people and providing them with technical assistance to start local organisations. Establishing clinics was a key strategy, as these services were rarely provided by governments. The hope was that once they were underway, governments would recognise their value and take over provision, leaving the FPOs to provide information, education and communication services. Although circumstances varied from country to country, consistent patterns emerged in IPPF's *modus operandi*. It lobbied and educated leaders, trained medical personnel, opened clinics and educated potential clients. In doing so it sought to take account of and respect local conditions including traditions, laws, leadership, culture and religion.⁶³

As well as attending their own birth control conferences, members represented the Federation at international population conferences where they contributed scientific papers and shared information with workers in allied fields. The conferences were important in bringing experts together, legitimising

⁶⁰ *ibid.*, Sanger quote, opposite title page, 17-21.

⁶¹ The first members were the United States, Britain, Sweden, Holland, India, Singapore, Hong Kong and West Germany, *ibid.*, 50-6. Those who had been jailed were Sanger, Elise Ottesen-Jensen from Sweden and Dhanvanthi Rama Rau from India, IPPF, *History of the International Planned Parenthood Federation*, <http://www.ippf.org/en/About/History.htm> (accessed 20 February 2010).

⁶² IPPF, *The human right to family planning: Report of the Working Group on the Promotion of Family Planning as a Basic Human Right* (London: IPPF, 1984), 8.

⁶³ Foley, *Non-governmental organizations as catalysts*, 82-95.

the role of IPPF, enhancing its professional reputation and drawing the attention of governments to issues of family planning. They also provided opportunities for IPPF to lobby officials, train professionals and stimulate interest in starting FPAs in the countries where they were held.

In 1954 IPPF established a Central Medical Committee, which led to the creation of advisory panels made up of experts, whose role was to consider the latest developments in their fields and disseminate findings to members. Over the years, these panels included world-renowned specialists such as Gregory Pincus, inventor of the oral contraceptive pill; Sir Theodore Fox, former editor of *The Lancet*; Dr Alan Guttmacher, leader of the American family planning movement; demographer Dr Christopher Tietze; and British family planning pioneer and champion of women's rights, Dr Helena Wright.⁶⁴

One of IPPF's primary roles in the early years was to act as a clearinghouse for family planning information. With ready-made resources being difficult to come-by, it began its own publication program, generating newsletters, medical and research bulletins, guidelines and policy documents for distribution to its members. Written by experts, these became extremely important mechanisms, not only for supporting the work of member associations, but also for unifying the movement.⁶⁵

When IPPF was established, government support for family planning was negligible, only a few non-government organisations were working in the field and the movement attracted very little funding. This situation continued until the mid-1960s when things began to change. A breakthrough occurred in 1964 when IPPF was granted consultative status with the United Nations Economic and Social Council and then, over the next two years, with the International Labour Organisation and UNICEF. This fostered greater recognition of IPPF by government and non-government organisations which led to rapid expansion in membership and funding. Significantly, it also meant that the Federation had input into consideration of family planning matters at the highest levels.⁶⁶ The World Health Organization became involved in the field in 1965 when it committed to supporting long-term research into fertility control and providing advisory services for governments. This afforded IPPF further endorsement, as did the establishment of family planning policy and funding bodies by the United Nations and the United States Agency for International Development.⁶⁷

⁶⁴ 'The IPPF Medical Bulletin 1966-92', *IPPF Medical Bulletin* 26, no. 5 (1992): 1-8.

⁶⁵ Foley, Non-governmental organizations as catalysts, 82-95.

⁶⁶ Suitters, *Be brave and angry*, 281-92.

⁶⁷ IPPF, *IPPF and the world: 50 years* (London: IPPF, 2002), 14-15.

From 1967 on, there was an explosion of grants from governments and private foundations and within a short time, the volunteer-run network was transformed into a professionalised, bureaucratised federation with an operating budget of millions of dollars.⁶⁸ The change in circumstances led to tensions between those in IPPF who were in favour of accepting and seeking additional funding and others who were concerned about the impact donors might have on the Federation's activities. The Europeans were opposed to huge government grants, particularly from the United States, for fear this would result in dominance over smaller members and a focus on population control.⁶⁹

While IPPF benefited from the increased funding and incorporated population control into its rhetoric, it remained firmly committed to the welfare and happiness of individuals as a basic principle.⁷⁰ It also began to assert the belief that parents have a right to family planning information and to determine the number and spacing of their children. This culminated in a submission to the International Conference on Human Rights in Teheran, in which it urged that family planning be considered. The resulting Teheran Proclamation included recognition of family planning as a basic human right.⁷¹ This triggered yet another shift in paradigm, away from the concept of population control towards a greater emphasis on individual rights. By the early 1990s, this approach would officially become known as *sexual and reproductive health and rights*.

IPPF and the family planning movement benefited from developments in contraceptive technology and changing social and cultural attitudes to birth control and sexuality. The oral contraceptive pill provided an important stimulus for change when it was released in the US in 1960, and Britain and Australia the following year. Its development had been fostered by Margaret Sanger who, in 1951, used funds provided by wealthy heiress Katharine McCormick to commission Dr Gregory Pincus to develop a hormonal pill which could be taken by women to prevent pregnancy. After controversial trials on Puerto Rican women, the pill was released onto the commercial market where it was greeted with a blaze of publicity and began revolutionising women's lives and the field of family planning.⁷² The pill

⁶⁸ Foley, Non-governmental organizations as catalysts, 108-09.

⁶⁹ *ibid.*, 130.

⁷⁰ Suitters, *Be brave and angry*, 35, 54-5.

⁷¹ *ibid.*, 375-6. UN Office of the High Commissioner for Human Rights, 'Proclamation of Teheran: proclaimed by the International Conference on Human Rights at Teheran on 13 May 1968', http://www.unhchr.ch/html/menu3/b/b_tehern.htm.

⁷² Reed, *The birth control movement and American society*, 311-45; Tone, *Devices and desires*, 203-31; Gordon, *The moral property of women*, 286-88. For more detailed accounts of the development of the pill see Carl Djerrassi, *This man's pill: reflections on the 50th birthday of the pill* (Oxford: Oxford University Press, 2001); Marks, *Sexual chemistry*.

was female-controlled, simple to use, highly effective and, most significantly, it separated reproduction and contraception from the sexual act. In allowing women to have control over their fertility, it increased their potential to enjoy sex and gave them greater freedom to pursue education and careers. It could be taken anytime, anywhere, without anyone else knowing and, despite adverse side effects for some women, was more effective than any previous method. In 1958, President of the Planned Parenthood Federation of America, Dr Alan Guttmacher had predicted that the world was on the threshold of a new era in birth control.⁷³ In 1966, as Chairman of the Central Medical Committee of IPPF, he went further, stating that 'In the perspective of history, the introduction of oral contraception by means of the birth-control Pill will be seen as one of the outstanding medical and social developments of this century',⁷⁴ a claim that has subsequently been supported by many others.⁷⁵

Entry of the pill dramatically increased medical involvement in the field and contributed to liberalisation of attitudes to sex and contraception. Everyone took pills of some kind and, since oral contraceptives were prescribed by a doctor, contraception became a more socially acceptable topic of conversation and media interest. This trend was also facilitated by the emerging women's, abortion law reform and civil rights movements, growing professional and scientific interest in sexuality and birth control, proliferation of popular publications and the youth culture which blossomed during the 1960s.⁷⁶ From 1968, many Catholics became more liberal in their views in response to the papal encyclical, *Humanae Vitae*, which proscribed the use of all 'artificial' means of contraception and authorised the rhythm method as the only acceptable technique. The restrictiveness of the ruling led many to ignore the official line and decide on the best course of action for themselves.⁷⁷

By the end of the 1960s, IPPF had more than 50 full members and had been transformed from a marginalised, privately-funded organisation run by volunteers and operating on a small budget, to one which had the support of doctors, reproductive scientists, demographers, governments, private donors,

⁷³ Leathard, *The fight for family planning*, 117.

⁷⁴ 'The IPPF Medical Bulletin 1966-92': 1.

⁷⁵ See for example, Tone, *Devices and desires*, 236; Elizabeth Siegal Watkins, *On the pill: a social history of oral contraceptives 1950-70* (Baltimore: Johns Hopkins Press, 1998), 1.

⁷⁶ On the introduction and impact of the pill, see: Frank Bongiorno, 'The release of the pill: contraceptive technology and the sexual revolution', in *Turning points in Australian history*, ed. Martin Crotty and David Andrew Roberts (Sydney: University of New South Wales, 2009), 157-70; Leathard, *The fight for family planning*, 104-17; Tone, *Devices and desires*, 233-59; Watkins, *On the pill*, 70.

⁷⁷ Leathard, *The fight for family planning*, 112-17.

foundations and corporations, and an operating budget of millions of dollars.⁷⁸ Such rapid growth was putting pressure on it to reappraise its role and become more professional and accountable. What had started as a small group of radical, female activists working for change had become a global network of non-government organisations, led by an ex-United Nations bureaucrat. As an increasingly powerful social movement organisation, it was acting as a catalyst for the development of family planning associations around the world, fostering services and social and scientific research, producing specialised publications, and influencing attitudes and birth control policies worldwide.⁷⁹ It would continue to experience rapid growth in membership and funding and have an ongoing impact on its constituent nations, one of which was Australia.

Developments in Australia to 1970

The Australian birth control movement developed in parallel with international trends, but with some differences. Medical historian Frank Forster dates its beginning at 1878 when Malthusian Henry Rusden responded to the Bradlaugh-Besant trial with publication of the first local edition of Knowlton's *Fruits of philosophy*. Rusden added notes which described available methods of contraception and, as a remarkable feature, called for skilled experiments to be carried out, 'if necessary, by the State, at any amount of expense and trouble, to discover a better expedient'.⁸⁰ Public interest in the subject was further aroused by the trial of Sydney bookseller William Collins for selling an updated version of Besant's birth control booklet, *The law of population*. He was acquitted by Justice Windeyer who ruled that the publication was not obscene.⁸¹

Sixteen years later, Royal Commissioners investigating the Decline in the Birth-Rate and on the Mortality of Infants in New South Wales blamed Windeyer's ruling for a marked change in attitudes to limitation of families, and for stimulating the spread of dangerous knowledge and 'trade in the goods for the prevention of conception'.⁸² They also blamed the judgment for contributing to a decline in the

⁷⁸ Hartmann, *Reproductive rights and wrongs*, 120, outlines the roles and functions of the major players in the field. She describes IPPF as the largest international private agency funding family planning services and positions it fourth in terms of population funding after US Agency for International Development, UN Fund for Population Activities and World Bank.

⁷⁹ Foley, Non-governmental organizations as catalysts, 108-13. Re. theory, see McCarthy and Zald, 'Resource mobilization and social movements': 1217-18. They distinguish between 'classical SMOs' which usually have part-time volunteer leaders and 'professional SMOs' which rely full-time leaders who usually do not belong to the aggrieved group but are middle-class professionals with the skills to lead and promote social movements and know how to deal with the state.

⁸⁰ Forster, 'Birth control in Australia': 237-42.

⁸¹ Siedlecky and Wyndham, *Populate and perish*, 17-18; Mackinnon, *Love and freedom*, 27.

⁸² *ibid.*

number of children women were producing. The Commissioners believed that procreation was a sacred duty and that Australian women were selfish and irresponsible in choosing to limit their families. To increase the birthrate they recommended restricting distribution of contraceptives, prohibiting indecent advertisements and emphasising the teaching of morality.⁸³

The Royal Commissioners reflected official, religious and medical concerns about Australia's declining birthrate and its threat to the white race and the welfare of the nation. The pronatalist discourse, which had been present since settlement, encompassed the view that Australia was a vast country which needed to be populated and that the role of women was to ensure that happened. Pronatalism gathered strength from the 1880s when Australian birthrates began to decline sharply.⁸⁴ Birth control, abortion, babyfarming and infanticide all became issues of concern.⁸⁵ New laws aimed at stemming such practices were passed in the wake of the Royal Commission; however, birthrates remained low until the Depression, when they once again began a dramatic decline.

As in overseas countries, there were early champions of women's right to control their fertility and differing views on how this should be achieved. Brettana Smyth was a feminist, freethinker, and self-taught health reformer who advertised and sold contraceptives in Melbourne during the 1890s. She lectured on women's health and published *Limitation of Offspring*, a pamphlet providing information and instruction on the use of contraceptives. She recommended the cervical cap because it was in the woman's control, could be used without the husband's knowledge and was 'failsafe when used as instructed'.⁸⁶ A campaigner of a different kind was travelling temperance evangelist Bessie Harrison Lee. She supported the concept of fertility control, but recommended celibacy in marriage as the

⁸³ For analysis of the RCDBR see, Neville Hicks, *'This sin and scandal': Australia's population debate 1891-1911* (Canberra: Australian National University Press, 1978); Reiger, *Disenchantment of the home*, 104-125; Mackinnon, *Love and freedom*, 16-46; Featherstone, *Breeding and feeding*, 196-206; Siedlecky and Wyndham, *Populate and perish*, 13-20.

⁸⁴ Similar trends had become apparent in Britain and America a decade earlier. Detailed accounts of the demographic transition in Australia are provided by Elspeth Browne, *The empty cradle: fertility control in Australia* (Kensington: New South Wales University Press, 1979); Pat Quiggin, *No rising generation: women and fertility in late nineteenth century Australia* (Canberra: Dept of Demography, Australian National University, 1988); Lado T. Ruzicka and John C. Caldwell, *The end of demographic transition in Australia* (Canberra: Dept of Demography, Australian National University, 1977). See also analysis in Featherstone, *Breeding and feeding*, 180-1; Featherstone, 'Race for reproduction', 182-3; Cook, 'Unseemly and unwomanly behaviour': 134; Wyndham, *Eugenics in Australia*, 12-13.

⁸⁵ For discussion of the class based nature of contraceptive use and the role played by other practices in the decline of birth rates, see Judith Allen, 'Octavius Beale reconsidered: infanticide, babyfarming and abortion in NSW 1880-1939', in *What rough beast? The state and social order in Australian History*, ed. Sydney Labour History Group (Sydney: Allen and Unwin, 1982), 111-29, 249-53.

⁸⁶ Kay Daniels and Mary Murnane, eds., *Uphill all the way: a documentary history of women in Australia* (St Lucia: University of Queensland Press, 1980), 148-50; Siedlecky and Wyndham, *Populate and perish*, 158.

solution. In her view, sexual intercourse was sinful except for the purposes of procreation.⁸⁷ Angela Booth was a leading Victorian eugenicist who rejected the use of condoms to prevent the spread of venereal disease on the grounds that they would encourage promiscuity. Instead she advocated sex education as a means of deterring prostitution and instilling the values of chastity and purity.⁸⁸

Compared with Europe and America where there was growing interest in birth control services from the beginning of the twentieth century, in Australia there was very little organised activity prior to 1926. The main influences came from Margaret Sanger and Marie Stopes. The latter was particularly influential, with many Australians writing to her for advice and purchasing her books and birth control supplies.⁸⁹ With reliable contraceptives being difficult for those outside major cities to obtain, in 1922 a young Hobart doctor wrote to Stopes asking if she could arrange to send a cervical cap for a patient with tuberculosis. Having tried unsuccessfully to get a suitable device from chemists in Hobart and Sydney, he described his situation 'at the other end of the world' as desperate.⁹⁰ Things became even more difficult from 1923 when new Customs Regulations prohibited importation of contraceptives and again from 1935 when the Victorian Government banned advertising and other states followed suit.

The origins of an organised approach to birth control in Australia can be traced to 1916 when feminists Jessie Street, Annie Golding and Kate Dwyer formed the New South Wales Social Hygiene Association. They were not concerned with birth control as such, but rather eradicating venereal disease and prostitution and providing education along eugenics lines. While the initiative failed within a year, the concept was revived by the conservative Women's Reform League. In 1926 a number of its members formed the Race Improvement Society, which became the forerunner of present-day family planning associations. The name was changed to the Racial Hygiene Centre of NSW in 1927 and the following year to the Racial Hygiene Association of NSW. At this stage, the RHA avoided publicly canvassing the controversial issue of birth control and focused instead on sex education, the prevention of venereal disease, and promotion of racial fitness through premarital health checks.⁹¹ The State Government provided a £500 grant, but this was withdrawn in 1930 when Labor came to power.⁹²

⁸⁷ Patricia Grimshaw, 'Bessie Harrison Lee and the fight for voluntary motherhood', in *Double time: women in Victoria 150 years*, ed. Marilyn Lake and Farley Kelly (Melbourne: Penguin, 1988), 139-47.

⁸⁸ Siedlecky and Wyndham, *Populate and perish*, 158.

⁸⁹ *ibid.*, 160.

⁹⁰ Daniels and Murnane, eds., *Uphill all the way*, 150-2.

⁹¹ Siedlecky and Wyndham, *Populate and perish*, 161; Wyndham, *Eugenics in Australia*, 66-70, 291.

⁹² Siedlecky and Wyndham, *Populate and perish*, 117-18.

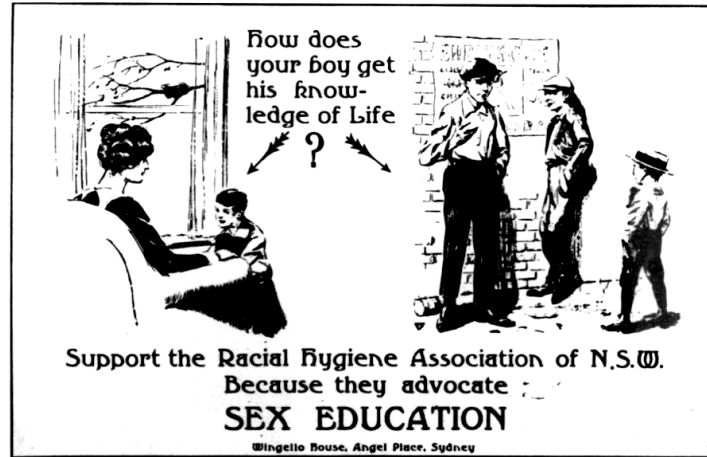


Figure 3: RHA sex education advertisement late 1920s (RHA, AR 1928-29)

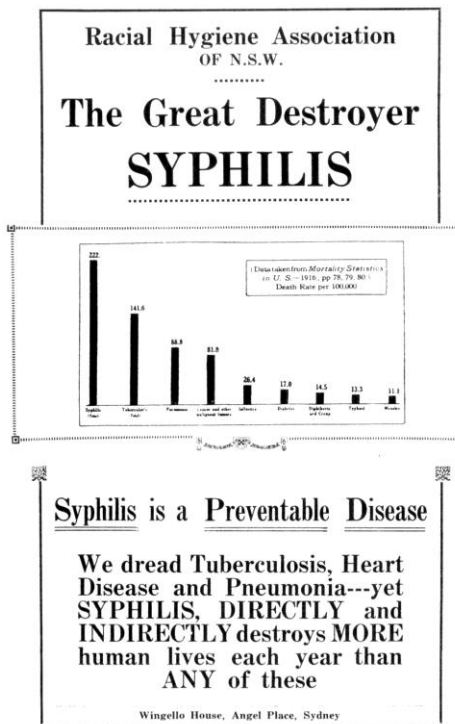


Figure 4: Racial hygiene flyers focused on education for eradication of venereal disease and promotion of premarital health checks (RHA, AR 1928-29)

At the beginning of the 1930s, authorities were alarmed by the falling birthrate and many people were opposed to birth control. The topic remained taboo and the supply of contraceptives was largely in the hands of commercial enterprises, quacks and charlatans.⁹³ Anxious to change this, the RHA began

⁹³ Daniels and Murnane, eds., *Uphill all the way*; Siedlecky and Wyndham, *Populate and perish*, 117-18; Wyndham, *Eugenics in Australia*, 188.

discussing birth control, urging choice not chance in parenthood, and highlighting the fact that ‘for untold numbers of women every conjugal embrace is poisoned by the ever present fear...of yet another unwanted baby, of yet another weary trudge along the hard road of undesired motherhood’.⁹⁴ In 1933 the Association opened Australia’s first birth control clinic in Martin Place, Sydney, with the intention of treating married women only, particularly those with large families, in poor financial circumstances or with health problems which might be exacerbated by childbearing.⁹⁵ The RHA promoted its service as a means of fostering a ‘happier, wealthier nation’ by supporting marriage and the family, preventing abortions and curtailing the unregulated trade in dangerous abortifacients and contraceptive devices.⁹⁶ The opening led to adverse publicity, which prompted the RHA to point out that it only advised contraception to prevent abortions and was in no way responsible for the falling birthrate.⁹⁷



Figure 5: RHA founding members Lillie Goodisson and Ruby Rich. Goodisson (left) was general secretary from 1926 until her death in 1948. Rich became the first president and held executive positions until 1968 (Siedlecky and Wyndham, 38f.)

As was the case with many other birth control organisations, middle class women were the driving force in the establishment and development of the RHA. The most prominent were Marion Piddington, Lillie Goodisson and Ruby Rich. Piddington was an ardent follower of Marie Stopes and a supporter of eugenics. She championed sterilisation of the unfit, ‘racial prophylaxis’ (elimination of venereal disease through sex education), and ‘celibate motherhood’ (artificial insemination for single women denied husbands by the War), as ways of building the national stock. Piddington had links with the Workers’ Education Authority, conducted study circles at the Feminist Club and wanted to start a race improvement society modelled on Stopes’ clinic in London. She invited Rich, a well-to-do pianist and

⁹⁴ Katie Ardill Brice, Address to one-day conference convened by the RHA, Sydney, during Health Week 1932, in Daniels and Murnane, eds., *Uphill all the way*, 154-6; Ripper, Analysis of development of birth control advocacy, 34.

⁹⁵ ‘Limited birth control operations: married women’, *The Sun* (Sydney), 24 November 1933.

⁹⁶ Ripper, Analysis of development of birth control advocacy, 35.

⁹⁷ RHA, Annual reports 1933-4, 7; 1937-38, 2; 1939-40, 2.

political activist to become involved, seeing her as a person who ‘could talk about sex in a nice clean manner’ that would not shock listeners. Rich agreed and became the organisation’s first President.⁹⁸ Goodisson was a nurse and an executive member of the National Council of Women. Having been married to a man who had syphilis, she aimed to fight venereal disease, provide sex education and improve women’s health. She became General Secretary at the age of 66 and was the RHA’s mainstay for the next 20 years. During this time, she promoted it through radio broadcasts, articles, lectures, film screenings and conferences, and repeatedly tried to establish a national network of branches.⁹⁹

Although Piddington was responsible for initiating the RHA, she soon fell out with other members and resigned. She then established the Institute of Family Relations through which she pressed her unconventional ideas on celibate motherhood and ran sex education classes and a mail order service for contraceptives. Her activities did not go unnoticed by the International Birth Control Information Centre in London. In 1933, Director Edith Howe-Martyn described Piddington as ‘rather unbalanced’ and was concerned that she was having a negative impact on the birth control movement in Australia. Not only were her extreme views ‘making the movement look rather foolish’, but she was supplying unfitted cervical caps through the mail and taking a ‘lone and lay approach’ at a time when the international movement’s policy was ‘to get this matter of birth control methods into the hands of the doctors’.¹⁰⁰ The following year, when Alice Hicks was on a promotional tour for the Centre, she was equally scathing about the Institute, its method of operation, referrals for abortion and Piddington’s lack of accountability. Even though the RHA distanced itself from Piddington early on, she campaigned vigorously for many years and, according to family planning historian Diana Wyndham, ‘unintentionally but undeniably...hindered the work of the pioneers’.¹⁰¹

The RHA maintained close links with birth control organisations in the United States and Britain and participated in activities which aimed to bring the international community together. It became an affiliate of the American Social Hygiene Association and Rich spent eight years in England as the Australian delegate on the British Social Hygiene Council.¹⁰² The RHA was also represented at major conferences. Jessie Street attended the landmark Seventh International Birth Control Conference (1930)

⁹⁸ Wyndham, *Eugenics in Australia*, 55-75.

⁹⁹ *ibid.*, 82-95. See also RHA, *Annual reports* 1928-29 to 1939-40.

¹⁰⁰ Edith Howe-Martyn quoted in Wyndham, *Eugenics in Australia*, 73.

¹⁰¹ *ibid.*, 73-4

¹⁰² Siedlecky and Wyndham, *Populate and perish*, 161-3. Wyndham, *Eugenics in Australia*, 67-70.

in Zurich, at which the International Birth Control Information Centre was established.¹⁰³ Delegates also attended the Cheltenham (1948) and Bombay (1952) conferences, both of which were critical to the formation of IPPF.¹⁰⁴ Representing the RHA in Bombay was German refugee Dr Lotte Fink, a well known sex reformer who had fled from Frankfurt to Sydney in the early 1930s with the assistance of members of the international family planning community.¹⁰⁵

In its struggle to survive, the RHA adopted a conservative stance and sought to avoid controversy. It was opposed to abortion, which it considered to be murder, and advised women requesting the procedure to 'go through with their pregnancy and come to us later on for advice to prevent such happening'.¹⁰⁶ In 1934, in a report to the International Birth Control Information Centre, Australian correspondent Street wrote about the difficulties posed by critics of birth control and asserted that the most effective way to deal with the problem was to pass responsibility to the medical profession.¹⁰⁷



Figure 6: Dr Norman Haire (alias Dr Wykeham Terris) scandalised many by writing magazine articles on sex and contraception
(Siedlecky and Wyndham, 38f.)

Although many doctors continued to reject involvement in birth control, increasingly, there were exceptions. Dr Norman Haire (1893-1952) was a gynaecologist who had been involved with the Malthusian League's clinic in England since 1922 and sought to make information on contraception more widely available to lay audiences.¹⁰⁸ When he returned to Sydney in 1939 he was appalled by the

¹⁰³ Daniels and Murnane, eds., *Uphill all the way*, 76, 152; Heather Radi, 'Organising for reform', in *Jessie Street: documents and essays*, ed. Heather Radi (Marrickville: Redress Press, 1991), 112.

¹⁰⁴ Suitters, *Be brave and angry*, 27, 53.

¹⁰⁵ *ibid.*, 53; Grossmann, *Reforming sex*, 41, 176. Grossman notes that Fink had also attended the Zurich Conference in her role as co-director of the Frankfurt League for the Protection of Motherhood and Sex Reform.

¹⁰⁶ RHA, *Annual report 1934-35* (Sydney: RHA, 1935), 3.

¹⁰⁷ Daniels and Murnane, eds., *Uphill all the way*, 152.

¹⁰⁸ Leathard, *The fight for family planning*, 16.

ignorance he found regarding birth control and sexuality and the restrictions placed on those wishing to make information more freely available. He complained that ‘Medical ethics here do not permit the doctor to write on medical matters, under his own name, in any other than purely medical journals. If he publishes books on medical matters for the ordinary reader, there are severe restrictions on their advertisement and sale’.¹⁰⁹ The RHA occasionally collaborated with Haire,¹¹⁰ but in general kept him at arm’s length to avoid attracting negative attention. While prepared to consult him privately, it would not allow him to become a member because he was too controversial.¹¹¹ Other exceptions were Dr Victor Wallace and colleagues, who established and ran Melbourne’s first birth control clinic for the Eugenics Society from 1934 to 1940 and provided similar services in private practice.¹¹² In Queensland, Lady Phyllis Cilento championed the use of birth control from the 1920s on. Her involvement is discussed in the following chapter.

As was the case with its overseas counterparts, the RHA incorporated the ideas and discourse of eugenics into its work.¹¹³ In 1939, when Goodisson wrote to the British Eugenics Society requesting a film on heredity, she noted that, ‘though our Society is not a Eugenic Society, we decidedly do a good deal of Eugenic work and our Pre-Marital Health Examinations have been very successful’.¹¹⁴ While historian Emily Wilson suggests that ‘Australian commentators were more immediately concerned with the quantity of the population than with its quality’,¹¹⁵ the early birth control campaigners expressed the need for both. This was reflected in an article by Goodisson in which she stated that ‘we want migration, we want babies, we must have both, but let us have them of good quality’.¹¹⁶

Eugenics was a major contributor to the Australian nation-building phase in public health in which concern for declining birthrates, fears of ‘race suicide’, the pursuit of a ‘pure race’ and the need to populate the country’s vast spaces with fit white stock were very much part of the agenda. Policies linking health to ideas of vitality, efficiency, purity and virtue, sought to enhance the wellbeing of the

¹⁰⁹ Daniels and Murnane, eds., *Uphill all the way*, 76, 152.

¹¹⁰ In 1940 Fink and Haire delivered the RHA’s first sex education course, Wyndham and Needham, ‘Family planning associations in Australia’: 2.

¹¹¹ Wyndham, *Eugenics in Australia*, 295.

¹¹² Featherstone, ‘Sexy mamas?’, 234-52; Siedlecky and Wyndham, *Populate and perish*, 165-6; Reiger, *Disenchantment of the home*, 119-21.

¹¹³ Curthoys, ‘Eugenics, feminism, and birth control’: 73-89; Siedlecky and Wyndham, *Populate and perish*, 105-13; Wyndham, *Eugenics in Australia*; Reiger, *Disenchantment of the home*, 196-202.

¹¹⁴ Wyndham, *Eugenics in Australia*, 294.

¹¹⁵ Wilson, ‘Eugenic ideology and racial fitness’, 32.

¹¹⁶ Lillie Goodisson, ‘Racial Hygiene Association: Australia’s want of population’, *Progressive Journal* 10 April (1936): 7.

nation and ‘improve the race’.¹¹⁷ In a country where the ‘unfit’ were principally seen as the ‘mentally-defective’, as distinct from the lower classes in Britain and the non-white in the United States and South Africa,¹¹⁸ the 1932 annual report stated the RHA’s stance in relation to this group:

These mental defectives are a great burden to our society causing gloom, fear and inferiority complexes. Our Society takes a very definite stand on that point and openly advocates sterilisation of the unfit...Our Society is definitely pledged along lines of human, biological and eugenic ideals. A good or bad human race does not just happen – it is bred the same as sheep etc can be bred.¹¹⁹



Figure 7: RHA library users 1939. For 3d per book per month members could procure advice and free leaflets on matters of racial hygiene (RHA, AR 1938-39, 8)

While Jane Carey criticises the RHA and other women’s groups for focusing almost exclusively on the white race,¹²⁰ Wyndham suggests that, in general, racial issues were less of a preoccupation than they were in other countries, not because Australians were less racist, but because the existence of the White Australia Policy and the assumption that Aborigines were a dying breed meant they saw no need to employ other measures to maintain racial purity.¹²¹ In defence of the RHA’s application of eugenics, she argues that it provided a scientifically respectable means of dealing with social problems and sustaining government priorities of national fitness and pride, and legitimised discussion of sexual

¹¹⁷ Fran Baum, *The new public health: an Australian perspective*, 2nd ed. (Melbourne: Oxford University Press, 2004), 17, 24-6. Intervention models were typified by quarantine programs; formation of the Commonwealth Department of Health and the National Health and Medical Research Council; exercise programs to improve national physique; medical inspection of children; and hygiene advice to the population.

¹¹⁸ Wyndham, *Eugenics in Australia*, 22, 336.

¹¹⁹ RHA, *Annual report 1931-32* (Sydney: RHA, 1932), 1.

¹²⁰ Carey, ‘Not only a white race’, 162-70.

¹²¹ Wyndham, *Eugenics in Australia*, 22.

matters, including contraception and venereal disease, at a time when they were not openly discussed.¹²²

Development of the birth control movement in Australia was slow compared with Britain and the United States. Lack of funding and government anxieties regarding declining birthrates presented ongoing obstacles to progress. In 1937, Minister for Health William 'Billy' Hughes stated that 'Australia must advance and populate, or perish...A great number of problems confront the Commonwealth, but the declining birthrate overshadows them all. It is impossible to exaggerate its gravity'.¹²³ The Commonwealth Government provided no financial support for family planning and, while the New South Wales Government restored its grant at the end of 1933, it withdrew it again in 1940 in response to pronatalist complaints that the RHA was contributing to the declining birthrate.¹²⁴ Attempts to establish ongoing branches in other parts of Australia failed and for most of the time the RHA consisted of just one or two clinics operating in New South Wales. Although the rival Eugenics Society of Victoria opened a clinic in Melbourne in 1934, patient numbers were small and it closed after six years.¹²⁵ The Association continued to run clinics during the war, but services almost ground to a halt as shortages of rubber affected supplies of contraceptives, workers were drawn to other causes and the ideas of eugenics were discredited.

Unlike British and United States family planning organisations which changed their names to distance them from eugenics and emphasise the concept of planned families, the RHA persisted with its outdated name and aims. In 1943 this led the Commonwealth Security Service (forerunner of ASIO) to conduct an inquiry to determine whether or not the organisation was racist. It concluded that 'It cannot in any way be regarded as anti-Semitic, since many of its members and supporters are of the Jewish persuasion. The use of the word "racial" in the Association's title refers to the whole of the human race'.¹²⁶ The name remained until 1960 when it finally heeded the advice of IPPF and became the

¹²² Wyndham, ii, ccxlv.

¹²³ William Morris Hughes speaking at the opening session of the NHMRC, quoted in Siedlecky and Wyndham, *Populate and perish*, 23-4.

¹²⁴ *ibid.*, 117-18.

¹²⁵ Wyndham, *Eugenics in Australia*, 144-5.

¹²⁶ *ibid.*, 356. Jessie Street, Ruby Rich and Dr Lotte Fink were Jewish, see Suzanne D. Rutland, 'The Jewish connection', in *Jessie Street: documents and essays*, ed. Heather Radi (Marrickville: Women's Redress Press, 1990), 149-50; and Suitters, *Be brave and angry*, 53.

‘Family Planning Association of Australia’.¹²⁷ A clause relating to eugenics would stay in the Articles of Association until 1975.¹²⁸

Be brave and angry, the official history of IPPF, describes the Australian situation at the end of the 1940s as ‘rather apathetic’: ‘Family planning advice was given when a medical indication was diagnosed; but the subject was not much discussed, probably because of a fear that the white population might decline’. It attributes the RHA’s inability to expand to other states at this time to ‘the particular problem of distance [it being] almost impossible to make much headway in cities hundreds of miles away from the major centre of operations’.¹²⁹

During the 1950s the RHA continued to make very little progress: ‘There was work in one corner of a vast continent, and a very real demand from the rest of the country...but isolation and distance made progress very hard’.¹³⁰ On a positive note, FPAA became a member of the South East Asia and Oceania Region of IPPF in 1961 and began contributing to the training of medical personnel in neighbouring countries.¹³¹ Less positively, clinic facilities were in a ‘broken down’ state and patient numbers were declining.¹³² In 1967, FPAA had only two clinics, which between them saw fewer than 200 new patients. This was despite the fact that oral contraceptives had been available for six years and Australian women had become the highest users per capita in the world. A bleak report to the IPPF Conference alluded to government concerns about falling birth rates, the media’s lack of interest in issues of family planning and FPAA’s inability to expand geographically or influence public policy.¹³³

Efforts to expand were hampered not only by lack of funding but also by the fact that it was illegal to advertise services or contraceptives and publication of birth control information was restricted to titles

¹²⁷ RHAA, Bulletin, March 1960, 1, indicates that IPPF representatives suggested a change of name at the Bombay Conference in 1952 and in Sydney ‘a few years later’. In 1955 while Secretary Mrs Howard was attending the Tokyo Conference ‘she was asked by Dr Margaret Sanger personally whether Australia could not join the other countries in naming their organisation a Family Planning Association as that was one of the main objects of their work now’. Note that the organisation was now called ‘The Racial Hygiene Association of Australia’ rather than RHA NSW as it had been at least from 1928-49.

¹²⁸ Wyndham, *Eugenics in Australia*, 149.

¹²⁹ Suitters, *Be brave and angry*, 37, 71.

¹³⁰ *ibid.*, 89.

¹³¹ *ibid.*, 240.

¹³² Vimy Wilhelm quoted in Ripper, Analysis of development of birth control advocacy, 38.

¹³³ Report to 8th International Conference of IPPF, quoted in Siedlecky and Wyndham, *Populate and perish*, 166-7.

with a medical or scientific purpose.¹³⁴ Social attitudes also supported the status quo. Despite the fact that rates of illegitimacy and adoption were high, for most of the 1960s 'unwanted pregnancies were held to be better than moral decay, and the spectre of young lives ruined by a *mistake* seemed a just retribution. If a baby was not born in shame and adopted out, then a hasty marriage took place.'¹³⁵ The pill was generally assumed to be for the use of married women and the idea of the unmarried needing it was scandalous: 'For single young women...the search for an agreeable general practitioner who would write a prescription for the Pill resembled the furtive search for an abortionist that went on in the shabbier parts of town. Quite commonly the result of the quest would be a moral lecture and a humiliating refusal'.¹³⁶

In spite of the restrictions on FPAA and its apparent stagnation, the reality was that it was in the process of being transformed. Nationally and internationally, change was in the air. The Australian Government had signed the Population Declaration which endorsed family planning as a basic human right and the UN General Assembly had debated the Declaration of Elimination of Discrimination Against Women. The international family planning movement was undergoing rapid expansion and IPPF was actively encouraging the development of national family planning organisations.¹³⁷ Australian attitudes to sexuality and related matters were being liberalised, as they were in the rest of the world. In the more radical social environment, a growing body of feminists and feminist literature was emphasising the right of women to make their own reproductive decisions and have access to information on their bodies, their sexuality and methods of birth control including abortion. More health professionals were becoming involved and many who had trained in family planning in Britain were joining FPAA, bringing with them new ideas, attitudes and enthusiasm.¹³⁸ In an environment that was ready for change, two individuals, Vimy Wilhelm and Rodney Shearman, emerged as catalysts around which FPAA would regenerate.

Wilhelm was a nurse who had trained in family planning in the United Kingdom where government-funded services were readily available through a network of clinics, which were run by volunteers.¹³⁹

¹³⁴ Rodney Shearman, Hormonal studies in fertility regulation..., quoted in Siedlecky and Wyndham, *Populate and Perish*, 168-9.

¹³⁵ Roger McDonald, *Flashbacks* (Sydney: Harper Collins, 1999), 58.

¹³⁶ *ibid.*; and see also Bongiorno, 'The release of the pill', 164-6.

¹³⁷ FPAA, *Fortieth annual report 1966-67* (Sydney: FPAA, 1967), 3, notes that the IPPF President and General Secretary visited FPAA in May 1966 while on a tour to encourage expansion of services in the region.

¹³⁸ Siedlecky and Wyndham, *Populate and perish*, 168-9.

¹³⁹ Leathard, *The fight for family planning*, 121-3.

She joined FPAA in 1963, became Vice President in 1966, President in 1967 and began reorganising, liberalising its approach and raising its profile in government, professional and community circles. At a time when there was no government support for family planning she recognised the need to achieve a high profile for FPAA to help it gain official recognition. To this end she sought to involve prominent doctors, academics and researchers with whom she had contact through her husband, who headed the medical school at the University of Sydney. The most important of those she attracted was Professor of Obstetrics and Gynaecology Rodney Shearman who had already established the country's first university medical course in family planning, was involved in research and was a member of IPPF's Contraceptive Advisory Committee.¹⁴⁰ Wilhelm and Shearman would play complementary roles in the events which followed.



Figure 8: Vimy Wilhelm and Prof Rodney Shearman, 1971 (FPAA, AR 1970-71, 2-3)

In Wilhelm's first year as president she attended a regional meeting of IPPF in Singapore. Here she was inspired to take on the seemingly impossible challenge of expanding services in Australia and upgrading FPAA to full membership of IPPF. To help overcome the inhibiting effect of lack of finances, she was offered books, films, a projector, office equipment and moral support to develop an information and education program. She soon began spreading the word on family planning, speaking at meetings and on radio and television, publishing articles in magazines and newspapers and becoming the central contact point for people all around Australia who wanted more information or involvement. Wilhelm also oversaw administrative reforms which resulted in the formation of a new Executive Committee and reconstitution of the Medical Advisory Council.¹⁴¹ Her energy and enthusiasm are evident in annual reports in which she recorded local and international activities and underlined the

¹⁴⁰ FPAA, *Forty-second annual report 1967-68*, (Sydney: FPAA, 1968), 6-7.

¹⁴¹ FPAA, *Forty-fourth annual report 1969-70* (Chippendale: FPAA, 1970), 23.

importance of IPPF to the development of family planning in Australia. The 1969-70 report illustrates the breadth of her vision and her willingness to learn from a multitude of sources. It records that while accompanying her husband on three months' sabbatical leave she visited dozens of colleagues and services in London, Tokyo and the United States to see how they worked and what she could learn.

Meanwhile, Shearman oversaw medical matters. He headed the Medical Advisory Council which worked with the AMA to formulate a code of ethics. Its intention was to minimise opposition by defining the scope of practice of family planning doctors and reassure AMA members that FPAA was not trying to encroach on their territory. The Council also formulated practice guidelines for clinical services and research trials, and grappled with contentious issues which at the time included contraceptive advice for 'premarital and unmarried patients', and the legal aspects of vasectomy and IUDs.¹⁴² In 1969, membership of this group was broadened to include doctors from other states and the name was changed to the National Medical Advisory Council.¹⁴³

The NMAC included high-ranking representatives of all Australian medical schools and eminent doctors with an interest in family planning. Its role was to advise the Executive on medical and legal issues, administration of clinics, clinical trials of contraceptives and training programs for health workers, including those from South East Asia.¹⁴⁴ Members of the NMAC consolidated their expertise, shared it with others and used their influence with professional bodies to stimulate change. One result was that the National Health and Medical Research Council recommended in 1969 and again in 1971 that family planning services should be made readily available. Shearman and others were also appointed to international and regional expert panels and advisory committees. Despite their small numbers, in these ways they added significantly to the public profile and legitimacy of FPAA and in the process made a substantial contribution to the family planning movement nationally and globally.¹⁴⁵

Once the NMAC included representatives from all states, IPPF recognised FPAA as a national organisation, granted it full membership and provided it with a grant of \$2,500 to assist with the establishment of state associations.¹⁴⁶ In a way that was reminiscent of early family planning pioneers,

¹⁴² FPAA, *Forty-second annual report*, 11. Siedlecky and Wyndham, *Populate and perish*, 170.

¹⁴³ Wyndham and Needham, 'Family planning associations in Australia': 15.

¹⁴⁴ Siedlecky and Wyndham, *Populate and perish*, 170.

¹⁴⁵ *ibid.*

¹⁴⁶ Wyndham and Needham, 'Family planning associations in Australia': 15; Ripper, *Analysis of development of birth control advocacy*, 45.

Wilhelm and Shearman travelled around the country encouraging the extension of services. Having identified or received requests for help from suitable individuals and groups, they met with them, spoke at public meetings and supported the establishment of clinics and state-based organisations. FPAA provided guidelines for getting started, helped formulate constitutions, and contributed small establishment grants, contraceptive supplies, equipment and general advice and support.

In 1970 their efforts were rewarded when family planning associations were established in Victoria and South Australia and momentum was building for other regions to follow suit. By the end of the next year, FPOs had also been inaugurated in the Australian Capital Territory, Western Australia and Queensland. Tasmania would join them in 1972 and the Northern Territory the following year.

In short space of time, Wilhelm, Shearman and FPAA achieved what individuals such as Goodisson and Rich had been aiming at for more than 40 years – a national network of birth control organisations and full membership of IPPF. Driven by the need for change, they had built on foundations which had been laid by a succession of birth control advocates and ‘institutional entrepreneurs’ since the beginning of the nineteenth century.¹⁴⁷

The establishment of IPPF in 1952 and its development into a powerful social movement organisation contributed significantly to the worldwide expansion of family planning services which was occurring at the end of the 1960s. Technological, social and political opportunities had boosted its capacity for change and led to it becoming a large bureaucratic organisation whose purpose was to implement the goals of the birth control movement. Importantly, IPPF had a policy of not interfering in the internal affairs of nations where its members were based but instead respected local social, legal, political and cultural conditions and encouraged the FPAs to work through channels available to them to bring about change. Through its federated structure, members *were* IPPF and as such had input into its operation and the direction it took. In its dual role as leader of a growing number of national family planning associations and consultant to powerful government and non-government organisations working in the field, IPPF simultaneously influenced national and global policy making and stimulated service provision locally.

¹⁴⁷ According to Di Maggio, ‘New institutions arise when organized actors (*institutional entrepreneurs*) with sufficient resources see in them an opportunity to realize interests that they value highly’, Di Maggio, ‘Interest and agency’, 14. See also, Julie Battilana, ‘Agency and institutions: the enabling role of individuals’ social position’, *Organization* 13 (2006): 653-76; Raghu Garud, Cynthia Hardy, and Steve Maguire, ‘Institutional entrepreneurship as embedded agency: an introduction to the special issue’, *Organization Studies* 28 (2007): 957-69.

Having become a full member of the Federation, FPAA was able to extend the movement in Australia by drawing on IPPF's authority and support, models of expansion and service delivery, and an already established organisational framework. With almost negligible government funding or cooperation, FPAA succeeded in framing family planning as a worthy cause, mobilising community and professional support, nurturing leaders, providing structural guidelines and material assistance, and achieving the establishment of state-based family planning associations, each of which would develop in individual ways as they responded to environments in which they were situated.

The next four chapters examine the emergence of the Family Planning Association of Queensland in 1971 and its development during an establishment phase which lasted until 1976. During this time internal and external actors would continue to impact on the new organisation, the birth control movement and the bodies guiding it would continue to exert a powerful influence, and other forces would come into play. Working within the confines of the local environment, the leaders of the Association would devise governance processes and develop a range of services which would contribute to the transformation of sexual and reproductive health services in Queensland in ways which would have been unimaginable to women such as Florence Bebb, Nora Murray-Prior and their contemporaries.

Chapter Two:

Getting off the ground 1971-72

One cannot understand or theorize about organizations without an understanding of their history and the context in which they were formed.¹

On 24 September 1971 an article in the *Courier-Mail* boldly stated that ‘Family planning will come to Brisbane’. The following day a public notice announced that the newly formed Family Planning Association (Queensland) would be introduced at a meeting to be held at the Canberra Hotel. By the end of March 1972 the Association had opened the state’s first birth control clinic.

This chapter examines the historical background against which this occurred, growing interest in the provision of organised services and the sequence of events which culminated in the emergence of the Association and initiation of clinic services. In doing so, it explores a number of questions commonly posed by organisation and social movement theorists: Where did this organisation come from and how was change set in motion? What was the field within which it emerged? Who were the actors and how were adherents mobilised? What forces were working for and against change? And what were the mechanisms through which the association was crafted?²

Family Planning in Queensland Prior to 1971

In 1980 Kay Daniels and Mary Murnane compiled a collection of historical primary source documents relating to the position of women in Australian society.³ Particularly valuable to this study are those in the section on ‘Private lives’. Many refer to Queensland and cover aspects of sexuality and the family from personal, social and legal perspectives. Fourteen years later, Gail Reekie edited a volume on women and the impact of region, in which she and her contributors argue that Queensland women have a different history from those living in other parts of Australia.⁴ In an especially useful chapter on the sexual economics of colonial marriage, Katie Spearritt provides an insight into the private lives of

¹ Jack L. Walker, ‘Political mobilization in America’, in *Institutions in American society: essays in market, political and social organizations*, ed. John E. Jackson (Michigan: University of Michigan Press, 1990), 26.

² McAdam and Scott, ‘Organizations and movements’, 17-20; Scott, *Institutions and organizations*, 93.

³ Daniels and Murnane, eds., *Uphill all the way*, 75-157.

⁴ Gail Reekie, ed., *On the edge: women's experiences of Queensland* (St Lucia: University of Queensland Press, 1994).

nineteenth century women in terms of 'sexual interactions, relationships and resistances' and their impact on the nature of the developing state.⁵

Between them, these publications highlight issues which provide a context for understanding the history of the birth control movement in Queensland. They show that in the formative years of European settlement, the frontier was vast, the female experience was significantly rural, medical care was often lacking or unsophisticated and many women were isolated from each other and from sources of information and support. Queensland had the highest sex imbalance of all the states, with 201 men to every 100 women in rural areas in 1861, and 171 men to every 100 women in 1900. Marriage rates were the highest in the nation, women married younger and, on average, they had more children than their interstate counterparts. When fertility rates fell sharply in New South Wales and Victoria in the 1880s, it took another ten years for this trend to become apparent in Queensland.⁶

The state's legal system and men's manipulation of it added to the difficulties experienced by women. The use of pseudonyms in the casual labour market and on the frontier made it easier for deserting husbands to avoid their responsibilities to their wives and children. Women were also disadvantaged by the double standards enshrined in Queensland laws. A man could divorce his wife for a single act of adultery whereas a woman had to show evidence of adultery combined with incest, rape, sodomy, bestiality, cruelty, or desertion for two years. The persistence of a masculinist culture in Queensland society is reflected in the fact that equal divorce rights were not granted until 1922, 40 years after similar changes were made to the law in New South Wales.⁷

Isolated women were physically and sexually vulnerable and the incidence of prostitution was high, particularly in the newly developing towns and cities. High rates of venereal disease led to the introduction of contagious diseases legislation which was designed to regulate prostitution and protect the health of clients. Men with gonorrhoea and syphilis were not subject to examination and detention in lock hospitals as women were because, in the eyes of the authorities, the diseases were communicated by prostitutes and prostitution was considered to be an exclusively female profession.⁸

⁵Spearritt, 'Sexual economics', 66.

⁶ *ibid.*, 66-7. For detailed analysis of statistics see: Quiggin, *No rising generation: women and fertility in late nineteenth century Australia*; Ruzicka and Caldwell, *The end of demographic transition in Australia*.

⁷ Spearritt, 'Sexual economics', 72.

⁸ Daniels and Murnane, eds., *Uphill all the way*, 101-02; Gail Reekie, 'Women, region and the "Queensland difference"', in *On the edge: women's experiences of Queensland* (St Lucia: University of Queensland Press, 1994), 19-20.

Aboriginal women were subject not only to sexual exploitation by white men but they also suffered from laws which restricted their movement, employment, right to marry and rights over their children.⁹ While Queensland had a women's movement, it was less advanced and slower to emerge than in some other states, and was therefore less effective in progressing women's rights.¹⁰ All of this added up to what Spearritt described as 'an inveterate sunshine state chauvinism'.¹¹

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Exhibit No. 166—continued

DIRECTIONS

for using the

No More Worry Co.'s Patent Pessary.




FIG. 1.




FIG. 2.

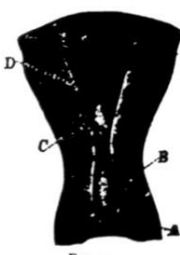


FIG. 3.

Directions.

Before introducing the Pessary (Fig. 1), boil it in water for 10 minutes, which will thoroughly sterilise it. Then apply pure Vaseline round the stem, and fix the Pessary on the introducer (Fig. 2). The method of introducing is simplicity itself. Whilst lying on the back, with the heels well drawn up towards the body guide the instrument to the mouth of the womb with the left hand, and gently push it forward with the right, which will bring it into proper position.

The best time for introducing the Pessary is as soon as possible after the menstruation has ceased, and it can then be left with safety until the beginning of the next period. After removing the Pessary, it is judicious to thoroughly cleanse the Vagina with an enema.

Fig. 3 illustrates the position of the Pessary when properly introduced into the womb, and it will be seen that the protection it affords is absolute. The concave Disc A closes the mouth of the womb, and the bulbous part B corresponds to the formation of the Uterus, thus completely preventing the slightest penetration of seed into the womb. The olive-shaped point C causes a continuous suction upwards, and prevents all possibility of the instrument becoming displaced. The point D facilitates the introduction of the Pessary.

The removal of the Pessary is easily effected with a finger, by adopting the same position as described above. Should there be any difficulty in removing the instrument, it is well to attach a silk thread through the small holes provided on the Disc A, which will, in some isolated cases, facilitate matters.

Made in four sizes—

No. 1	2	3	4
For ladies having had	0-1	2-4	4-7
			8 or more births.

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Figure 9: Contraceptive devices could be purchased through commercial outlets in Queensland and newspaper ads were common (Left, RCBD exhibit 1904, Siedlecky & Wyndham, 38f.; Right top, *Courier-Mail*, 26 February 1934, bottom, *Daily Standard*, 5 July 1930)

⁹ Reekie, ed., *On the edge*, 3-4.

¹⁰ Gail Reekie, 'Naming Queensland women's history: a bibliographic essay', in *On the edge: women's experiences of Queensland*, ed. Gail Reekie (St Lucia: University of Queensland Press, 1994), 21-2.

¹¹ Spearritt, 'Sexual economics', 66.

There is scant evidence of organised family planning activity in Queensland's early history. What does exist shows that, prior to 1971, advocates of birth control services were unable to galvanise enough support to bring their ideas to fruition. The Racial Hygiene Association constantly sought to establish interstate branches with a view to forming a national federation, but had limited success. The closest it came to achieving a Queensland branch was in 1935 when it screened the anti-VD film *Damaged Lives* in metropolitan and country theatres.¹² Lillie Goodisson noted that when she was in Brisbane to promote the film, a branch was formed at a meeting chaired by Lord Mayor Alf Jones. Interestingly, she also reported that 'members of the existing Association called the Birth Control Society' were present and that they had since dissolved their organisation and joined the RHA. Lord Mayor Jones and Governor Sir Leslie Wilson and their wives became patrons and a committee was formed, with Mr T. Peters as Honorary Secretary and 'medical men and women of standing taking office'.¹³

It is likely that the Birth Control Society mentioned in Goodisson's report was the organisation formed in March 1934 following a visit by Mrs Alice Hicks of the London-based International Birth Control Information Centre.¹⁴ In a lecture at the Rationalist Hall, she had urged those present to form a committee to bring about 'the establishment of a clinic under medical supervision, where information and instruction on scientific methods of birth control shall be available to all married women, particularly those of the working-class section of the community, such committee to affiliate with the [Centre]'. Former politician and women's rights advocate Irene Longman also addressed that meeting, declaring the move was long overdue and was a logical accompaniment to the work already being done for maternal and child welfare. A committee was formed with the aim of establishing a clinic.¹⁵

While there is no evidence that such a clinic eventuated, it is clear that the new branch of the RHA struggled to survive. Goodisson reported in 1937 that while it was still alive, Mr Peters was 'unlikely to

¹² RHA, *Annual report 1935-36* (Sydney: RHA, 1936), 4.

¹³ RHA, *Annual report 1934-35*, 7.

¹⁴ 'Birth control clinic urged: committee formed in Brisbane', *Courier-Mail*, 27 March 1934, 8, <http://nla.gov.au/nla.news-article1183864> (accessed 20 February 2009). Hicks also addressed a meeting of the National Council of Women which was attended by 80 women including Lady Phyllis Cilento and Irene Longman, 'Birth control: arguments for and against, NCW discussion', *Courier-Mail*, 14 April 1934, <http://nla.gov.au/nla.news-article1189526> (accessed 20 February 2009).

¹⁵ *ibid.* lists committee members as: Chairman Dr. J.A. Goldsmid; Secretary, Mr F.G. Lennon; Treasurer, Mrs. G. Hussey; Committee, Mesdames Irene Longman, E. Edmunds, P.A. Murphy and R. Smit; Messrs J. Roche and A Welsby. ('Dr Goldsmid of Eagle Junction' is later mentioned by the RHA 'someone who occasionally makes contact', RHA, *Annual Report 1939-40* (Sydney: RHA, 1940), 2.)

be able to carry on for much longer without assistance'.¹⁶ By the next year, all interstate branches were 'extinct' and there seemed no hope of reviving them.¹⁷

Although the movement struggled in Queensland, individuals with differing motivations kept the birth control flame burning. In an oral history interview, Nell McLeod identified herself as an RHA branch committee member and mentioned the slides and leaflets the group made to illustrate the adverse effects of venereal disease on women and unborn children.¹⁸ McLeod was a Brisbane woman who was severely damaged by the birth of her first child while living in poverty with her out-of-work husband in the early 1920s. Unable to afford medical attention, she haemorrhaged for months and lived with the longterm consequences of being 'all knocked about inside'.¹⁹ She joined the Women's Vigilance Organisation and through this avenue sought to help women manage their lives during the Depression. With birth control being a key issue, members made quinine and cocoa-butter pessaries from a recipe published by Margaret Sanger, tested them on themselves and then recommended them to others.²⁰



Figure 10: Irene Longman ca. 1930 (John Oxley Library)

Irene Longman (1877-1964) also worked through other channels to encourage women to take control of their fertility. She became Queensland's first female Member of Parliament in 1929 and through this and her involvement in groups such as the National Council of Women, Queensland Women's Electoral League and the Lyceum Club she worked to make a difference to the lives of women and

¹⁶ RHA, *Annual report 1936-37* (Sydney: RHA, 1937), 2.

¹⁷ RHA, *Annual report 1937-38* (Sydney: RHA, 1938), 1.

¹⁸ Cited in Siedlecky and Wyndham, *Populate and perish*, 164.

¹⁹ Nell McLeod, 'I was all knocked about inside', in Daniels and Murnane, eds., *Uphill all the way*, 138-9.

²⁰ Siedlecky and Wyndham, *Populate and perish*, 25.

their families. She advocated sex education for women in the belief that they should understand the process of reproduction and be able to pass that knowledge onto their children. In 1928 this led her to organise a series of talks on sex education which were delivered by a lecturer from London. She also pressed for the government to become involved in the provision of birth control services.²¹ Although Longman represented the Country and Progressive National Party, she was typical of women of the time who worked outside of party politics to achieve practical reforms for women.²²

One of McLeod and Longman's contemporaries was Lady Phyllis Cilento (1894-1987), a longtime supporter of the RHA and Queensland's best known early advocate of birth control. As a highly respected doctor, broadcaster, journalist and author, who began practicing in Queensland in 1923, she had an impact on the health of women and children for more than 50 years. She was influential in women's and medical circles, particularly through her involvement with the Queensland Medical Women's Association, the Mothercraft Association, the National Council of Women, the Lyceum Club and the Business and Professional Women's Club.²³ She also had a high public profile as a result of the magazine and newspaper columns which she wrote from 1928 to 1985 under pseudonyms including *Hygiea*, *Mother MD*, *The Counsellor* and *Medical Mother*.²⁴

Cilento became interested in birth control through the work of Margaret Sanger and Marie Stopes. She made contact with the RHA in the 1920s and since then had been using its services to help her patients.²⁵ As well as promoting birth control, she was an outspoken advocate of relationships preparation, classes for engaged couples, biology instruction in schools, sex education by parents, and state-run marriage guidance and birth control clinics.²⁶ Cilento published a number of books including

²¹ 'Birth control: arguments for and against, NCW discussion', *Courier-Mail*, 14 April 1934.

²² Mary O'Keefe, 'Longman, Irene Maud (1877-1964)', in *Australian Dictionary of Biography*, online edition, <http://adbonline.anu.edu.au/biogs/A100131b.htm> (accessed 2 December 2009); Patricia Fallon, *So hard the conquering: a life of Irene Longman*, MPhil thesis, Griffith University, 2004, 144-147.

²³ Mary Mahoney, 'Cilento, Phyllis Dorothy (1894-1987)', in *Australian Dictionary of Biography*, online edition, <http://adbonline.anu.edu.au/biogs/A170211b.htm> (accessed 2 December 2009). Re. involvement with the Mothercraft Association, see Virginia Thorley, 'Softly, softly: how the Mothercraft Association in Queensland co-existed with government policy, 1931-61', *Health and History* 3, no. 2 (2001): 80-93.

²⁴ Phyllis Cilento, *The Cilento way* (Bowen Hills: Queensland Newspapers, 1984), iii. Cilento explains here that she and her husband shared the pseudonym *Hygiea* from 1929-38, and that she wrote articles for the *Daily Mail* and *Courier-Mail* as *Mother MD* ('my early nom de plume'), *The Counsellor* (wartime), and *Medical Mother* (early 1950s to mid-1980s). See also Virginia Thorley, '"Medical Mother": Lady Cilento's journalism', *Birth Issues* 12, no. 1/2 (2003): 19-23.

²⁵ Sylvia da Costa Roque, 'Our first family planning clinic is nearer', *Sunday Mail*, 29 Aug 1971; Phyllis Cilento, *My life* (North Ryde: Methuen, 1987), 129. Annual reports record that Cilento visited the RHA in 1929-30 and delivered a talk at the FPAA AGM in 1965 following publication of *Plan your family*.

²⁶ Lewis, *Thorns on the rose*, 261. Re. birth control clinics see, 'Birth control: arguments for and against, NCW discussion', *Courier-Mail*, 14 April 1934.

one on birth control methods and another on the pill. The foreword to *Plan your family* explained that its purpose was not only to make information more readily available to the layman but also to remove some of the taboos associated with ‘this most important aspect of happily married life’.²⁷ In keeping with contemporary attitudes, which ignored the reality of the sexual lives of many young people, the book was aimed at doctors, parents and ‘young engaged couples’.



Figure 11: Sir Raphael and Lady Phyllis Cilento prepare to meet the Queen 1954 (*Australian*, 11-12 Sept 1983)

Phyllis was married to Sir Raphael Cilento (1893-1985), a prominent doctor, barrister and medical administrator. As inaugural Director-General of Health and Medical Services from 1934 to 1945, he was important in shaping public health services in Queensland. He imposed policies and legislation as a means of dealing with the problems of sexual immorality and the rising incidence of venereal disease, particularly among prostitutes.²⁸ RHA President Ruby Rich met with Cilento in 1936 in an unsuccessful attempt to have compulsory testing of prostitutes abolished.²⁹ Although the RHA was not supportive of prostitution, it recognised that many women were led into it through poverty and that laws placing the blame solely on women were discriminatory.³⁰

²⁷ Phyllis Cilento, *Plan your family: practical birth control* (Brisbane: Jacaranda Press, 1965), i.

²⁸ Lewis, *Thorns on the rose*, 257.

²⁹ RHA, *Annual report 1936-37*, 2.

³⁰ Wyndham, *Eugenics in Australia*, 244; Daniels and Murnane, eds., *Uphill all the way*, 110-13.

Despite the fact that Queensland never had a formal eugenics society, ideas about racial fitness and eugenics permeated the discourse of influential people such as the Cilentos.³¹ Media articles authored by *Hygiea*, the pseudonym they used jointly from 1929 to 1938, are expressive of such thinking.³² One 1933 article, which took a moderate approach, questioned the wisdom and efficacy of compulsory health checks, and state control of births and sterilisation of the unfit as means of improving future generations. It suggested that such measures would lead to avoidance of responsibility and even more illegitimate births.³³ An article published the following year expressed a more hardline view:

Eugenic sterilisation is based on the ideal of the improvement of the race and is a direct result of the increasing belief that the birthrate of the best in the population is declining while the progeny of the unfit physically, mentally, and socially increases...The obvious solution, if the race is not to degenerate with increasing speed, is to increase births among the superior stocks, and, even by compulsion, to prevent the perpetuation of defective traits in the less fortunate members of the population.³⁴

Sir Raphael held extreme right-wing views on issues such as censorship, breeding for the quality of the race, the influence of Jews and the negative impact of Asian and African immigration, all of which he continued to articulate until the early 1970s through his involvement in the Australian League of Rights.³⁵ Lady Cilento was more moderate in her approach. Rather than advocating state controls on behaviour, she put greater emphasis on individual responsibility, the welfare of women and children and the promotion of healthy marriages. She recognised the need for women to be able to control their fertility as a means of avoiding abortion. This is evident in a submission to an NHMRC inquiry into falling birthrates, held in 1944, in which she and co-author Dame Enid Lyons supported their case by pointing out that during the Depression many women had been ‘desperately determined to limit their families and [would] risk any discomfort or danger rather than have another baby’.³⁶ Writing as *The Counsellor* in 1946, Lady Cilento suggested that while widespread birth control could lead to a

³¹ Wilson, Eugenic ideology and racial fitness, 1-4, 137-41, 457-9, 484-500; Wyndham, *Eugenics in Australia*, 124. See also ‘Birth control: arguments for and against, NCW discussion’, *Courier-Mail*, 14 April 1934, which reports that at a meeting convened by the NCW, presiding member Zina Cumbrae Stewart said: ‘If birth control were to be practiced by the white races of the world and similar practices were not employed by the coloured races, it might result in the blotting out of the present civilisation...It would be dangerous to put such power at the disposal of people who were really uneducated’.

³² Phyllis received payment for the *Hygiea* articles as Raphael’s government position precluded this. She makes it clear, however, that they both wrote under this pseudonym, Cilento, *The Cilento way*, iii.

³³ *Hygiea*, ‘Healthy marriage: Should certificates of health be made compulsory? Experiences here and elsewhere’, *Courier-Mail*, 16 September 1933, <http://nla.gov.au/nla.news-article1119975>.

³⁴ *Hygiea*, ‘Sterilisation: its pros and cons’, *Courier-Mail*, 27 January 1934, <http://nla.gov.au/nla.news-article1164334>

³⁵ Raphael Cilento, *Australia’s racial heritage* (Melbourne: Australian Heritage Society, 1971).

³⁶ Siedlecky and Wyndham, *Populate and perish*, 23-4.

‘dangerous limitation of population’, a realistic attitude was necessary if children were to be ‘a blessing’ rather than ‘a burden’ to families.³⁷

The Catholic Church was opposed to all artificial methods of contraception and Archbishop Dr James Duhig (1871-1965) regularly railed against birth control and the dissemination of ‘disgusting sexual literature let loose today under the pretext of instructing people’. He believed this constituted ‘commercialised eugenics, for the real object of the publication of shameful books was to advertise contraceptives’.³⁸ Although the Church provided family planning education services from the late 1950s, in keeping with the Vatican ruling, only the rhythm method was taught.



Figure 12: *Secrets of Life*, Paramount Theatre, Bundaberg ca. 1950. Public interest in issues of sex is reflected in this photo of crowds flocking to see the film which ‘was intended particularly for parents who neglected to teach their children the facts of life’³⁹ (John Oxley Library)

³⁷ ‘Realism needed in birth limit controversy’, *Courier-Mail*, 1 February 1946, 5.

³⁸ See for example, ‘Birth control: danger to health’, *Courier-Mail*, 5 September 1933; “‘Curses” of today: decline of family life: Dr Duhig’s pastoral’, *Courier-Mail*, 12 February 1934; ‘Sex books condemned by Archbishop Duhig: “Fight to end”’, *Courier-Mail*, 5 March 1934.

³⁹ The film is mentioned in RHA, *Monthly Bulletin*, April 1949. The Committee’s opinion was that it was a good film but the fact that audiences were segregated meant that much of its value was lost by parents not being able to view it together. See also, ‘Crowd out of hand: rush to see picture’, *Sydney Morning Herald*, 8 April 1949, which describes a near riot when around 600 young men who missed out on tickets tried to force their way into the Savoy Theatre.

The most important person to enter the field in Queensland was Dr Alan Blunt. Prior to becoming the first Reader in Obstetrics and Gynaecology at the University of Queensland in 1964, he had trained and worked in family planning in Britain and gained experience in countries such as India, where population control programs were underway. In 1968 he became Queensland representative on the prestigious National Medical Advisory Committee of the Family Planning Association of Australia. In this position he was in regular contact with academic colleagues from interstate, all of whom were being encouraged to incorporate birth control into their teaching and help establish state-based family planning services which the public could access and where health practitioners could be trained.



Figure 13: Dr Alan Blunt 1972 (*Morning Bulletin*, 11 Nov 1972)

Blunt recognised the urgency of meeting these needs in Queensland. As the academic in charge of final year medical students he was frustrated that he was unable to teach them about the rapidly expanding field of contraception. He was constrained by the fact that the Catholic Archbishop was on the University Senate,⁴⁰ and the Senate's unspoken message was that it was unacceptable to include information on artificial methods of contraception in the curriculum. This was reinforced by the fact that his component of the teaching was carried out at the Mater Hospital, where the Catholic hierarchy

⁴⁰ When Blunt joined UQ, James Duhig was Archbishop. Duhig died in 1965 and was replaced by Archbishop Patrick Mary O'Donnell. See, T. P. Boland, 'Duhig, Sir James (1871-1965)', in *Australian Dictionary of Biography*, online edition, <http://adbonline.anu.edu.au/biogs/A080382b.htm>; T. P. Boland, 'O'Donnell, Patrick Mary (1897-1980)', in *Australian Dictionary of Biography*, online edition, <http://adbonline.anu.edu.au/biogs/A150602b.htm> (accessed 2 December 2009).

also disapproved.⁴¹ In relation to public services, for some time Blunt and his colleagues at the Royal Women's Hospital had been offering contraceptive advice to gynaecological outpatients and urging the Department of Health to allow them to set up a dedicated family planning clinic. The Department would not agree and nor would it permit the Hospital pharmacy to dispense contraceptives.⁴² Driven by the need for change, he became critical to the future of family planning services in Queensland.

Blunt had the support of university colleagues such as Professor Eric Mackay and Dr John Campbell and was in regular contact with obstetricians and gynaecologists at regional teaching hospitals. During 1969 he also began cultivating a base of support in the community. He was aided in this by Vimy Wilhelm who at the time was actively promoting FPAA and its work in the media. Whenever the Association was contacted by a Queenslander expressing interest in the cause, they were put in contact with Blunt. The first to get in touch was Marjorie Millburn, an English migrant who had set up and run a clinic for four years for the Family Planning Association in Britain. After reading an article in the *Women's Weekly*, Millburn wrote indicating that she would be interested in being involved should a similar service be started in Brisbane.⁴³ Likewise, FPAA passed on details of Dr Trevor Sauer, a young general practitioner who had just returned from London where he had done an IPPF training course in family planning.⁴⁴



Figure.14: Eena Job and Marjorie Millburn showed interest in starting services in Queensland (L. FPAQ folder, Early Newsclips, Box 4; R. *Sunday Sun*, 13 Aug 1978)

⁴¹ Alan Blunt, interview by author, Cooroy, 3 October 2003.

⁴² Letter from Blunt to Vimy Wilhelm, 9 August 1969; Letter from Blunt to Margaret Yelland, 4 August 1970, in FPAQ folder, Early Days, Box 4.

⁴³ Letter from Helen Arbib (Secretary, FPAA) to Marjorie Millburn, 18 March 1969, in FPAQ folder, Early Days, Box 4; Bannah, ed., *Family Planning Queensland*, 19.

⁴⁴ Letter from Trevor Sauer to Wilhelm, 21 November 1969; reply, 8 December 1969, in FPAQ folder, Early Days, Box 4.

Another early contact was Eena Job, ABC dramatist, author, activist and mature-age university student. Having been put in touch with Blunt at the end of 1969,⁴⁵ the next year she did an Honours thesis on attitudes to contraception among public hospital patients who had just had a baby.⁴⁶ Importantly, Job also took on the role of rallying community support for the establishment of family planning services in Queensland. She wrote lengthy letters to the Union of Australian Women, the National Council of Women and the Country Women's Association in the hope of gaining their backing or at least raising their awareness of the subject. She contacted Lady Cilento who agreed to write about the need for services in her *Medical Mother* column; with Millburn, who elaborated on her experience in the UK; and with Gabby Horan, a well-known radio personality and president of the Queensland branch of the Australian Housewives Association.⁴⁷ Job's interest in contacting Horan was sparked by a very brief reference she had made in the women's pages of the *Sunday Mail*, indicating that she supported the establishment of family planning clinics as a solution to the world population problem.⁴⁸

Blunt also responded to Horan who he recognised had the potential to reach many ordinary women. Over time he had become convinced that, because of religious and political sensitivities, the stimulus for establishing such clinics should come from a lay group. He explained this and suggested that 'the women of Queensland must both demand this service and take positive action to establish the service, rather than expecting this to be provided by the Government or the medical profession'.⁴⁹

Horan and her colleagues began promoting the need for family planning clinics in local papers and attracting further backing. An article by Patricia McGetrick in July 1970⁵⁰ prompted Dr Margaret Yelland of the Queensland Radium Institute to contact Blunt offering support. She had encountered widespread ignorance of family planning among the women she was treating with radioactive medicines. She was also aware of the financial impediments some faced in obtaining advice.⁵¹ Elizabeth Drew, a social worker at the Royal Children's Hospital also wrote enquiring about services,

⁴⁵ Draft letter from Blunt to Job, undated, in FPAQ folder, Early Days, Box 4.

⁴⁶ Letter from Job to Blunt, 1 March 1970, in FPAQ folder, Early Days, Box 4.

⁴⁷ Letters from Job to: UAW, NCW, CWA and Gabby Horan, 24 February 1970; Millburn, 18 March 1970.

⁴⁸ 'Worry about food', *Sunday Mail*, 22 February 1970.

⁴⁹ Letter from Blunt to Horan, 23 February 1970, in FPAQ folder, Early Days, Box 4.

⁵⁰ Patricia McGetrick, 'The need for family planning', *Sunday Mail*, 26 July 1970.

⁵¹ Letter from Yelland to Blunt, 30 July 1970, in FPAQ folder, Early Days, Box 4.

explaining that she was continually coming into contact with parents wanting advice on family planning.⁵²

In 1971 the Queensland branch of the AMA fell into line with the national body on the matter of contraception and adopted the ruling that 'it was the inalienable right of any doctor to prescribe what he considers to be in the best interest of his patient'. In relation to unmarried minors, its policy was that each case should be considered on its merits and that, providing it was lawful, the ultimate decision should be left to the conscience of the treating doctor. This position sparked fierce opposition from conservatives, which was played out in Letters to the Editor of the *Medical Journal of Australia* over the next two years.⁵³ Those in favour of the AMA position vastly outnumbered detractors, reflecting the fact that the medical profession in Queensland was overwhelmingly supportive of the establishment of family planning services.

Symposium on Family Planning, 23-24 April 1971

Early in 1971, Blunt presented a paper on world population trends to staff and postgraduate students at the University of Queensland. This prompted the AMA Postgraduate Medical Education Council to invite him to organise a Symposium on Family Planning as part of its regular professional development program for members.⁵⁴ Having already built up a substantial base of support, Blunt and the Queensland Faculty of the Royal Australian College of General Practitioners saw the Symposium as an opportunity to begin the process of initiating services in Queensland. They planned the event meticulously, including key players with an interest in the field, while at the same time taking care to avoid controversy. The UQ Postgraduate Education Committee provided organisational assistance for the event, which was financed by drug company Ethnor. Because the topic of family planning was broader than the usual medical ones, attendance was open to the general public. Between 70 and 80 people attended and the seeds of the Family Planning Association of Queensland were sown.

The Symposium opened on 23 April 1971 with a dinner and a keynote speech by Professor Rodney Shearman. He provided an international perspective on developments in family planning and advances in contraceptive technology. The meeting continued on Saturday with three sessions outlining the need

⁵² Letter from Elizabeth Drew to FPAA, 14 April 1970, in FPAQ folder, Early Days, Box 4.

⁵³ The debate is summarised in detail in Siedlecky and Wyndham, *Populate and perish*, 126.

⁵⁴ Blunt, interview.

for family planning, the views of a wide range of stakeholders and possibilities for the future in Queensland. Fourteen carefully chosen speakers represented the health, welfare and legal professions, the Anglican and Catholic Churches and ‘ordinary’ women.⁵⁵ As their presentations provide a snapshot of contemporary concerns in the language of the day, they are summarised below.

Shearman opened proceedings by asserting his own view and that of IPPF and FPAA, that ‘no woman should have more children than she can manage, that each child should be planned, should be wanted at conception, throughout pregnancy and after it is born, and that each child should be given the full opportunity...to develop its potential’. He expressed concern that many women from disadvantaged backgrounds were unable to obtain the contraceptive advice they needed. He was particularly troubled by difficulties encountered by Aborigines, ‘unmarried girls’, and migrants for whom English was their second language. Not only were they lacking information and access to services, but they also suffered from the attitudes of a society which failed to acknowledge the realities of sexual behaviour. He criticised the government for not contributing to the provision of services and the medical profession for failing to meet the needs of groups other than middle and upper-middle class women with private medical insurance. He concluded that the immediate requirement was to make family planning advice and services available to all women ‘when they need it, in terms and language they will understand and with a choice they will find acceptable within their own moral and religious framework’.⁵⁶

Queensland women were represented by a number of speakers. Eena Job presented the findings of her survey on the contraceptive knowledge, attitudes and practice of 322 maternity patients in public wards of the Royal Brisbane Hospital. It showed that regular use of contraception was the exception rather than the rule and that only half the women had ever consulted a doctor for advice. Given that an overwhelming majority of respondents approved the use of birth control and the establishment of family planning clinics, Job interpreted this as a clear indication that official policy was lagging behind public opinion.⁵⁷ Edna Chamberlain, head of Social Work at the University of Queensland, focused on Aboriginal and low-income women and the need to provide them with subsidised, accessible services. After criticising the unevenness of services offered by general practitioners and neglect by government

⁵⁵ Proceedings of Symposium on Family Planning, AMA and RACGP, Herston, 23-4 April 1971, in FPAQ Box 4.

⁵⁶ Rodney Shearman, ‘The need for family planning’, in *ibid.*, 1-15.

⁵⁷ Eena Job, ‘A Brisbane survey on family planning’, in *ibid.*, 25-30. The findings were later published as Eena Job and Alan Blunt, ‘A Brisbane family planning survey’, *Medical Journal of Australia* (1972): 229-54.

welfare agencies, she made the point that ‘the unwanted child is a tragedy for the health of the mother, for the economic health of the family...for the nation and ultimately for the whole world’.⁵⁸

The highlight of the day was ‘a woman’s view’, which Mrs C. Wilson shared with the audience. Mrs Wilson was in fact Bera – nurse, Marriage Guidance counsellor, mother of seven children and wife of Ipswich gynaecologist Dr Chester Wilson. She explained that the formal preparation for her reproductive future consisted of Baby Welfare talks given by a nurse at the end of primary school. One of the things she was taught was that ‘it was important to feed the baby from each breast for exactly the same time’. What she was not told was where babies came from. When Bera asked her mother, she laughed and told her they came from under the gooseberry bush. Her education about menstruation was equally confusing. It began when she had her first period and her mother pushed a sanitary belt and a pile of small towels into her hands and mumbled ‘This will go on for a few days every month – wash those towels and hang them up and DON’T go into any dark corners with boys’. Wilson shared intimate details of her life, including discovery of the ‘wickedly delicious pastime of masturbation’, sexual fantasies, falling in love, the conception and birth of her children and encounters with a range of unsatisfactory and messy contraceptives. Her talk vividly demonstrated the impact of sexuality on her life from childhood through to menopause. As ignorance had not helped at any stage, she recommended that every person should have access to information about sex and contraception as part of their preparation for family life.⁵⁹

A more staid presentation followed as the position of the Catholic Church was presented by Father Kevin Caldwell who was standing in for Archbishop O’Donnell. The only method of family planning acceptable to the Church was ‘periodic continence’ which Caldwell explained as ‘non-use of the sexual faculty’. While the Church taught that married couples should plan their families responsibly, it condemned all contraceptive practices ‘whether it be the use of chemicals or of mechanical devices, or simply the interruption of the act by withdrawal and ejaculation of the semen outside the vagina’. He extolled the virtues of the Billings Ovulation Method which he said could be learnt by couples at free, fortnightly clinics run by Catholic Family Welfare Centres. He described the ‘clinical procedure’ for learning the method. It began with a session delivered by a priest, who considered the institution of marriage, the concepts of commitment and communication, ‘the call of the perfection of one’s spouse

⁵⁸ Edna Chamberlain, ‘Family planning for the poor’, in *Proceedings of Symposium*, 31-8.

⁵⁹ Bera Wilson, ‘A woman’s view’, in *ibid.*, 48-51.

as a person and as a Christian', the responsibility of family planning, and the values of self-control and self-sacrifice. In the second session, a doctor described the technique and gave couples an opportunity to confer with him in private and organise a follow-up visit if necessary. For country people who were unable to attend, instructions could be sent by mail.⁶⁰

Archbishop Felix Arnott of the Anglican Church disagreed with the Catholic view that procreation was the dominant purpose of marriage and instead argued that husbands and wives should be 'free to use the gifts of science to promote or defer conception provided that the means are accepted by both and are injurious to neither'. Having observed the popular Brotherhood of St Laurence clinics in action in 'slum areas of high density housing' in Melbourne, he believed that such services should be more widely available and that governments should become involved in their provision. He concluded by suggesting that if family planning clinics could contribute to 'responsible parenthood or the claims of existing children, and the right of each child to know the love of its parents and nurture', then they deserved the support of the meeting.⁶¹

A wide range of views was put by members of the medical profession who made up about half the speakers. Dr John Campbell from the Royal Women's Hospital outlined the inadequacies of available contraceptives and some of the medical complications that could occur.⁶² Psychiatrist Dr Larry Proctor discussed the psychiatric aspects of family planning and its impact on mothers, fathers and children. On the negative side he suggested there was the potential for frigidity, impotence, guilt, anxiety, emotional disturbances and 'over-limiting of the family by producing an only child'. Positive aspects included the avoidance of unwanted births, improved marital relationships, reasonable spacing of children and more time for a woman to develop interests outside the family and so avoid depression.⁶³

A number of speakers referred to the unevenness of services provided by doctors. This issue was graphically illustrated by general practitioners Drs M. J. McEniery and Charles Elliott whose talks revealed very different attitudes to the contraceptive needs of their patients. McEniery was the only speaker not to support the need for family planning. He condemned sexual permissiveness, licentiousness, lack of morality and the fact that Australian women were 'the world's leading pill

⁶⁰ Kevin Caldwell, 'The present view of the [Catholic] Church', in *ibid.*, 52-5.

⁶¹ Felix Arnott, 'The present view of the [Anglican] Church', in *ibid.*, 56-60.

⁶² John Campbell, 'Medical complications of contraception', in *ibid.*, 72-6.

⁶³ Larry Proctor, 'A psychiatrist's view', in *ibid.*, 39-44.

swallowers'. He criticised women who chose not to have children and those who consciously chose to increase the numbers of 'only children'. He blamed the popularity of contraception on the desire for instant affluence and the widespread attitude that childbearing was unfashionable. 'Fundamental remedies' which he suggested included 'a return to reticence about sex and to reverence for marriage' and political and economic measures to enable young people to plan for children. He believed 'the government could better make its money more easily available for housing etc than promote birth control clinics'. He disagreed with sentiments expressed by Shearman about the need to control expanding populations in countries like India and China. Instead he suggested that 'we should be terrified by our own population deficit. Australia ought to adopt what the glorious and Beloved Leader of that primitive and virile nation, Chairman Mao, said a few years ago "We are not worried by population problems, WE NEED THE WORKERS"'.⁶⁴

By contrast, Elliott acknowledged the complexities of human sexuality and the lack of access to family planning advice for a significant proportion of the population. He talked about the need for doctors to be trained in family planning and 'counselling in sexual mal-adjustment', and for them to accept individual beliefs and behaviours in a non-judgmental way. Two groups of patients he singled out as having special difficulties were 'the young single girl not about to be married' and 'Roman Catholic Wives'. With unmarried girls, his practice was 'to steer a course between, on the one hand, breaking the law of prescribing contraceptives for minors and, on the other hand, of being moralistic'. In relation to Catholic women practising contraception in defiance of the official Church policy, his aim was to support their decisions and help free them of the associated guilt and anxiety. He found vasectomy more of a problem to deal with because the AMA had a policy which clearly stated the procedure was unethical except for therapeutic purposes. He believed this was supported by legal opinion and had therefore never performed one.⁶⁵

Lawyer Chris Lamb was invited to address the meeting because of a 'recent flutter' about the legality of vasectomy. He had thoroughly researched the topic and concluded that it had never been established that it was illegal for doctors to perform sterilisations. While advertising of contraceptives was illegal, Queensland Police had indicated to him that, provided standards of good taste were observed, they had better things to do than prosecute advertisers. He questioned the involvement of politicians in the law

⁶⁴ M. J. McEniery, 'A general practitioner's comments', in *ibid.*, 68-71.

⁶⁵ Charles Elliott, 'A general practitioner's view', in *ibid.*, 72-6.

and wondered whether Australia could ever have a Prime Minister as enlightened as Canadian Pierre Trudeau who famously asserted that ‘The state has no business in the bedrooms of the nation’. In Lamb’s view, the law should not attempt to dictate social behaviour and should be just one of many parameters to be considered. Having been told abortion was off limits for his talk, he urged the meeting to consider the inequality of access to ‘advice and prescriptions’ which were readily available to help university students avoid unwanted pregnancy, but not for young women in less privileged positions.⁶⁶

Blunt was the penultimate speaker. He articulated the belief that for society to conserve resources and maintain quality of life, it must control and regulate the total environment including family size. With reference to the concept of zero population growth,⁶⁷ he stated Sir Mark Oliphant’s view that the two child family must become the accepted norm and that ‘a family with three children should be socially frowned upon and that with four or more condemned’. Blunt believed it was possible to popularise the idea of the two child family and that it was within the ability of any married couple to achieve this. After considering the practicalities of making family planning advice and services more readily available, he recommended that a secretariat be established to disseminate information, administer clinics, and coordinate training and research. He envisaged that GPs would continue to be the prime providers of services, with family planning clinics acting in a consultancy role. Options for establishment of the secretariat included the government taking the lead and accepting input from the Department of Health, the Medical School, the Postgraduate Medical Education Committee and FPAA; or, alternatively, it could be brought about as a branch of FPAA by ‘a group of public minded citizens, probably chiefly women’ who would then obtain help and advice from the State Government and other interested parties. Either way, services should be easily accessible to those who needed them. He noted that moves had already begun to establish a family planning clinic in Townsville.⁶⁸

Shearman spoke once again, this time on behalf of the National Medical Advisory Council of FPAA. He explained that the ‘natural history’ of family planning movements around the world was for voluntary associations to set up services to satisfy community demand. It generally followed that governments recognised their importance and accepted responsibility for their provision. He believed that if volunteers began offering services in Queensland, a similar sequence of events would follow.

⁶⁶ Chris Lamb, ‘Legal comments’, in *ibid.*, 61-4.

⁶⁷ During the early 1970s questions regarding ‘the population explosion’ were being widely debated and Australian branches of Zero Population Growth were formed, Siedlecky and Wyndham, *Populate and perish*, 173.

⁶⁸ Blunt, ‘Community needs’, in *Proceedings of Symposium*, 77-84.

The alternative was for people to sit back and wait for the government to take the initiative in which case, he predicted, they could be waiting a very long time. He cautioned that a voluntary organisation would need to be sensitive to medical services that were already being provided and be careful not to usurp them. It should fill needs which are not currently being met and, in doing so, adhere to a rigid code of ethics such as the one already developed by FPAA. While emphasising the primacy of clinics for underprivileged and underserved patients, Shearman also focused on the roles the clinics could play in education, research and training in Australia and the Southeast Asian region.⁶⁹

As part of a prearranged plan, at the end of the final session, Lady Cilento moved that a Queensland Branch of FPAA be established. When this was accepted she called for volunteers to join an ad hoc committee to work towards this goal. She and Blunt were joined by Drs Campbell, Elliott and Yelland, Marjorie Millburn, social worker Glenda McChesney-Clark, and Brigadier Jean Geddes of the Salvation Army. The committee was charged with producing a draft constitution and bringing it to a public meeting at a later date ‘to establish the definitive Family Planning Association’.⁷⁰

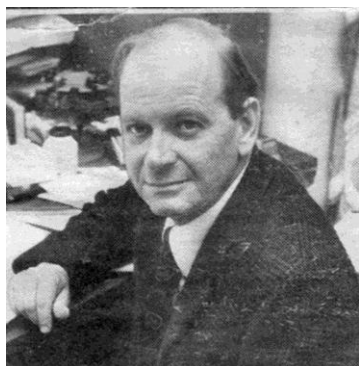


Figure 15: Dr John Campbell and Glenda McChesney-Clark joined the new committee (*Sunday Sun*, 13 Aug 1978, *Sunday Mail*, [1976])

Steering Group and Provisional Council, 2 June 1971

After a good deal of behind-the-scenes planning, a meeting was held on 2 June 1971 to form a steering group and a provisional council. Attendees included members of the ad hoc committee and a number of others whom Blunt had approached for their expertise and as a means of broadening the base of support. June Morris was asked to join. She was a nurse, trainee Marriage Guidance Counsellor and

⁶⁹ Rodney Shearman, ‘The organisation of a family planning service’, in *ibid.*, 83-8.

⁷⁰ ‘Postscript’, in *ibid.*, 89.

friend of Millburn, whom she had met while on tuckshop duty at the Ascot State School.⁷¹ Solicitor Chris Lamb was invited for his legal expertise and Muriel Wilson because of her influence and enthusiasm. Wilson was President of the Queensland branch of the National Council of Women, a non-political lobby group with international affiliations.⁷² The NCW enjoyed the support of many middle-class women, adopted a progressive approach to issues of sexuality and birth control, and had been influential in the establishment of family planning services in Victoria and South Australia.⁷³

Conscious of the need to generate popular support, Blunt also invited journalist Gabby Horan who had helped out prior to the Symposium. She was renowned for championing the cause of ordinary women and was described in newspaper articles as ‘Brisbane’s unofficial ombudswoman’⁷⁴ who was willing to tackle tough issues, particularly those that hit at the heart of most households.⁷⁵ Horan was also described as being prepared to ‘gabb’ on or off air...about anything from the evils of communism to the need for militant action to banish the 25 percent sales tax on cosmetics’.⁷⁶



Figure 16: Muriel Wilson, June Morris and Gabby Horan were co-opted to the cause (FPAQ folder, Early Newsclips, Box 4 and *Australian*, 14 Aug 1970)

Securing political support was essential, and to this end Blunt approached Yvonne McComb and Dr Arthur Crawford to become involved.⁷⁷ McComb was a prominent figure in the organisational wing of

⁷¹ Bannah, ed., *Family Planning Queensland*, 21, 47-8.

⁷² Daphne M. Buckley, *The National Council of Women: the history of the second half of a century of achievement for women and the community* (Brisbane: NCWQ, 2005), 12.

⁷³ Mather, *Hope is not a method*, 41; Siedlecky and Wyndham, *Populate and perish*, 184.

⁷⁴ Barbara Kimber. ‘She’s out to get a better deal for housewives’, *Woman’s Day*, 24 May 1971.

⁷⁵ Kim Macdonald. “‘Housewife’s friend’ Gabby Horan found dead”, *Courier-Mail*, 13 April 1999.

⁷⁶ Liz Johnston. ‘Nothing stops Gabby gabbing’, *Australian*, 14 August 1970.

⁷⁷ Letters from Blunt to Alan Crawford and Yvonne McComb, 19 May 1971, in FPAQ folder, Early Days, Box 4.

the Liberal Party and chairman of the State Women's Council.⁷⁸ Crawford was a surgeon, a University of Queensland lecturer and the sitting Liberal Party member for the state seat of Wavell. In 1969 when he was elected, he was described as being extremely hard-working and strong-minded, having 'an almost frightening dedication', and 'never giving up on anything he gets his teeth into'.⁷⁹ One of the causes Crawford got his teeth into was opposition to abortion. He was founding President of Queensland Right to Life, an anti-choice lobby group which had been established in 1970.⁸⁰ While Crawford's presence on the committee may have appeased conservatives worried about links between family planning and support for abortion, from Blunt's point of view, the most important advantage was political. Both Crawford and McComb had access to influential members of the Liberal Party such as Treasurer Sir Gordon Chalk and Minister for Health Seymour Douglas Tooth whose support would be critical to the future of family planning services in Queensland.



Figure 17: Yvonne McComb and Dr Arthur Crawford provided crucial political support (*Qld Country Life*, 3 Jan 1974; *Sunday Mail*, 6 Oct 1976)

The preliminary steps involved in getting an organisation going were to decide on the form it would take, prepare a draft constitution to guide its operation and secure financial support. Following the precedent already established by FPAA and being followed by emerging FPOs in other states, the provisional council agreed that the new body should be a company, limited by guarantee, which would be governed by a voluntary council. Using the constitution of the recently established Family Planning Association of South Australia as a model, Blunt, Crawford and Lamb applied themselves to the difficult task of formulating a Memorandum and Articles of Association which would be appropriate in

⁷⁸ *Who's who in Australia*, 1977, (Melbourne: *Herald and Weekly Times*, 1978, 695. McComb later became the leader of the Queensland Branch of the Liberal Party in 1976, making her first female leader of any political party in Australia: 'You have to keep your cool', *Sunday Mail*, 6 October 1976.

⁷⁹ 'Doctor who never gives up the fight', *Sunday Mail*, 21 September 1976.

⁸⁰ 'Queensland Right to Life 25 Years: 8 Sept. 1970-8 Sept. 1995', *Queensland Right to Life Newsletter*, 23, no. 2 1995.

the Queensland context, protect council members and stand the test of time.⁸¹ McComb prepared a detailed funding submission which was presented to Treasurer Sir Gordon Chalk in August 1971.⁸²

A follow-up meeting of interested people was held at the Royal Brisbane Hospital on 19 August 1971. AFFPA President Vimy Wilhelm flew from Sydney to address the meeting and respond to any concerns. Ten days later the *Sunday Mail* quoted Blunt, who confidently declared ‘Our first family planning clinic is nearer’ and reported that, in a major breakthrough, the Treasurer had promised to discuss financial assistance with Cabinet. The paper also indicated that in response to concerns raised at the meeting the constitution would be modified so that those involved might avoid having ‘the door slammed in their faces’ by taking too radical an approach. As they did not wish to draw attention to the issue of contraception for unmarried women, they would be excluding a clause stating that services would be offered to everyone over the age of consent whether they were married or not. To remove any hint of abortion, it was decided that the term ‘abortifacients’ would be removed from the clause relating to the provision of counselling, advice and instruction on family limitation and the spacing of births by scientific methods of contraception.⁸³

In a follow-up letter to Blunt, Wilhelm reflected on the meeting and explained that when the offending word was originally used in FPAA’s Articles of Association, it referred to ‘none other than the diaphragm, since prostaglandins were never dreamed of’. She agreed, however, that it was important to make such concessions to Dr John Simpson who had raised the issue, ‘given the need for his support and the present climate of opinion in Queensland’.⁸⁴ Simpson was Secretary of Right to Life and the doctor in charge of the Catholic Family Welfare Bureau. In the latter role, he had agreed to become the new organisation’s adviser on the ovulation method.

The type of organisation being pursued at this stage was the option proposed by Blunt at the Symposium, whereby ‘a group of public minded citizens, probably chiefly women’ would establish a branch of FPAA which would then obtain help and advice from the State Government and other interested bodies. Millburn had emerged as the lay person around whom such an entity could be formed. She was enthusiastic about putting her experience to use, was prepared to work in a voluntary

⁸¹ Blunt, interview; Bannah, ed., *Family Planning Queensland*, 22.

⁸² Submission from McComb to Gordon Chalk, 19 August 1971, in FPAQ folder, Early Days, Box 4.

⁸³ Sylvia da Costa Roque, ‘Our first family planning clinic is nearer’, *Sunday Mail*, 29 August 1971.

⁸⁴ Letter from Wilhelm to Blunt, 1 September 1971, in FPAQ folder, Early Days, Box 4.

capacity and had time to commit to the task, unlike most other members of the committee who had full-time jobs or were heavily committed in other areas.⁸⁵ After the organisation's aims and the draft constitution had been discussed and adopted, an Interim Council was elected and Blunt, Millburn and Morris became Chairman, Secretary and Treasurer respectively.

The Public Meeting, 27 September 1971

The next step was to call a public meeting to endorse the constitution and introduce the Association to the community. With the meeting scheduled to be held on 27 September 1971 in the Jacaranda Room of the Canberra Hotel, the Council set about promoting it through word of mouth, by invitation and in the media. Anxious to minimise opposition, they sought to involve a wide cross-section of society, including representatives of the major religious groups. In McComb's submission to the Treasurer, she had argued that from the government's perspective, supporting family planning would be a much more acceptable gesture than abortion law reform, 'and not a hot potato, as the Churches support the move'.⁸⁶ Leaders of the Catholic feminist group, St Joan's Alliance, and the Church of England Mother's Union accepted invitations, as did Dr John Simpson. Father Kevin Caldwell said in a media article that he would not be attending, but that he and the Catholic Church would be 'warily standing on the side-lines' anticipating an increase in referrals to the Family Welfare Bureau's natural family planning centres.⁸⁷ Reflecting the Council's cautious approach, Lady Cilento wrote an article in which she emphasised that in no way would the new organisation 'ever offer advice as to the termination of pregnancy already started, nor advise on methods contrary to the existing law nor to the conscience or religious principles of those who attend. There will in fact be special advice or referral available on methods of fertility control acceptable to Roman Catholic couples'.⁸⁸

Blunt invited Vimy Wilhelm to be guest speaker at the public meeting. However, in response to concerns that had been raised at the Symposium, he asked her to avoid drawing attention to potentially controversial issues. In a briefing letter, he wrote:

⁸⁵ Blunt, interview.

⁸⁶ Submission from McComb to Chalk, 19 August 1971.

⁸⁷ Sylvia da Costa Roque, 'Our first family planning clinic is nearer', *Sunday Mail*, 29 August 1971.

⁸⁸ Phyllis Cilento, 'Family planning will come to Brisbane', *Courier-Mail*, September 1971.

Please steer clear of any details of international affiliation and certainly keep quite clear of any questions of population control or even any words that may be misconstrued as suggesting population control. It would perhaps also be important to emphasise that in relation to general advice and subfertility that it is made clear that our aim is to help couples plan their own families and not in any sense dictate to society what should be the norm in terms of family size. I think it is also important, at least in your address, to steer clear of any question of advice for single girls and somewhere I think you should emphasise the value of rhythm method and ovulation timing etc.⁸⁹

As a further precaution, Horan, who had originally been nominated to chair the public meeting, was replaced by Dr Arthur Crawford. In light of her reputation as an outspoken media personality, the planning committee decided it did not want to invite controversy by having ‘a speaker who may not be acceptable’.⁹⁰ Crawford was considered by the Committee to be a safer choice.

The new group did not escape criticism and was censured by the Abortion Law Reform Association for its conservative stance. ALRA had been formally established in April 1971 to press for abortion law reform, family planning services and sex education in schools. Its September newsletter drew attention to the notice of the upcoming public meeting, but went on to say: ‘Members may have read about the Family Planning Association (FPA) in the *Sunday Mail* a couple of weeks ago, and wondered about the predominance of Right to Life people on the committee’. It then claimed that ‘Abortion is said to be a dirty word in rural Queensland and for this reason the ALRA representative was removed from the steering committee’.⁹¹ In an oral history interview in 2003, Blunt agreed that in striving to get ‘the right balance’ on the committee, he had been reluctant to include people who had ‘extremist women’s choice’ views: ‘There was a lot of pressure then for changing abortion laws...and it was quite wrong for this organisation to even suggest it might go down that line. After all there was no contraceptive service in Queensland. That’s what we’d got to get right.’⁹²

For some people, the impending meeting was neither a cause for concern nor criticism; rather, it was just one of a number of social events taking place during Brisbane’s Warana Festival. Despite being in competition with a meeting of the English Speaking Union and a ‘wine taste-in’ to celebrate Australian

⁸⁹ Letter from Blunt to Wilhelm, 9 September 1971, in FPAQ folder, Early Days, Box 4.

⁹⁰ Ibid.

⁹¹ Fryer Library, UQ Library, Holmes and Irwin, History of Children by Choice, 8.

⁹² Blunt, interview.

National Cheese month,⁹³ to the surprise and delight of the steering committee, an ‘overflow’ crowd attended.⁹⁴

The meeting ran according to plan, apart from a minor incident when social activist Vilma Ward commented on the strong representation of the Liberal Party and asked if Labor leader John Houston had been invited to attend. As Millburn had sent out the invitations, Blunt turned to her for a response. Not knowing who Mr Houston was, the emerging political instinct in Millburn led her to say that he had been, and the meeting proceeded without further incident.⁹⁵ Wilhelm spoke about the growth of family planning and the current situation in Australia, while Blunt made ‘a balanced and reasoned speech’, in which he outlined the Association’s intentions and its immediate requirements in terms of operating space and finance. The program was ‘rounded off by a spirited question and answer session’, the draft constitution was adopted, the Interim Council was endorsed and the Family Planning Association of Queensland came into being.⁹⁶

First Clinic, 28 March 1972

The Interim Council met again on 11 October 1971. The first item on the agenda was a report on the public meeting. In response to concerns which had been raised about the political affiliation of FPAQ, it was resolved that Labor MLAs Vi Jordan and Jack Melloy would be invited to become members and a clause would be included in the constitution stating that the Association was non-political and non-sectarian.⁹⁷ With this matter out of the way, the Council began making plans to achieve its immediate aims, which were to establish Queensland’s first family planning clinic and secure finances to support it. The latter was an important consideration at this point, given that the Association had only six life members, 38 ordinary members and \$339.57 in the bank.⁹⁸

Before the committee could get on with setting up a clinic, it had to find suitable, affordable premises. Given the lack of finances, choices were limited. After considering a number of options in the inner city area, the Daniell Hotel became the most likely contender. Both the Daniell and Lennon’s Hotels

⁹³ ‘Sylvia’s woman to women’, *Sunday Mail*, 26 September 1971.

⁹⁴ FPAA, *Forty-fifth annual report 1970-71* (Sydney: FPAA, 1971), 15.

⁹⁵ Bannah, ed., *Family Planning Queensland*, 23.

⁹⁶ FPAA, *Forty-fifth annual report 1970-71*, 15.

⁹⁷ FPAQ, Minutes of Council Meeting, 11 October 1971; Letters from Blunt to Vi Jordan and Jack Melloy, 26 October 1971, in FPAQ folder, Early Days, Box 4.

⁹⁸ FPAQ, Newsletter, No. 1, October 1971, in FPAQ folder, Early Newsletters, Box 4.

were earmarked for demolition by the Brisbane City Council which was redeveloping the block adjoining City Hall. As work was not scheduled to begin until after February 1973, the family planners believed that would give them enough time to establish a clinic. Other community organisations were already operating from the Daniell, each paying around \$2 a week in rent. Assuming that approval from the City Council was a mere formality, the Interim Council set a starting date in February and went ahead with plans to convert a four-bedroom wing of the hotel into a clinic.⁹⁹ To its dismay, approval was not forthcoming, and in mid-December it had to begin searching once again.¹⁰⁰

Money was an ongoing preoccupation. When FPAQ was inaugurated, FPAA made an establishment grant of \$250. This was helpful, but much more was required. In a state-by-state roundup of developments during 1970-71, FPAA indicated that moves to set up a branch of FPA in Queensland were well under way. It also noted that 'Queensland occupies a unique place within the Commonwealth in that it supports a free medical service and hopes are high for some form of State Government assistance, the more so since the Association has the blessing and support from the majority of the medical profession'.¹⁰¹ As 1971 drew to a close, the long-anticipated discussion with the State Government had failed to eventuate.

In a major breakthrough in January 1972, a meeting was arranged with Minister of Health Sir Gordon Chalk, to discuss the possibility of funding. Muriel Wilson and Dr Alan Blunt presented their case, emphasising that FPAQ had the support of medical, women's and religious groups, and highlighting the role that such an organisation could play in deflecting pressure for abortion law reform. They outlined costs, requested an establishment grant and ongoing support, and asked for permission to run services from Maternal and Child Welfare centres. Their case was well received. The Minister pointed out that the Catholic Family Welfare Bureau had already applied for funding and suggested that if FPAQ were to apply for a grant similar to one already paid to the Marriage Guidance Council, it would be considered favourably. They were invited to make a formal application as soon as possible but were warned that funds would not be available until the 1972-73 financial year. Wilson and Blunt left the meeting feeling confident and followed up with a submission in February.¹⁰²

⁹⁹ Sylvia da Costa Roque, 'Our first family planning clinic is nearer', *Sunday Mail*, 29 August 1971; FPAQ Minutes of Council Meeting, 15 November 1971.

¹⁰⁰ FPAQ, Minutes of Council Meeting, 9 December 1971, 20 January 1972.

¹⁰¹ FPAA, *Forty-fifth annual report 1970-71*, 15.

¹⁰² FPAQ, Minutes of Council Meeting, 20 January 1972; Submission from Blunt to Minister of Health S. D. Tooth, 11 February 1972, in FPAQ folder, Early Days, Box 4.

In the meantime, the Council had resumed its search for somewhere to start a clinic. Although frustrated by the lack of finances it was nonetheless driven by an urgent need to act. The reason for the urgency was that Blunt was due to leave for England on 10 April and would be away for six months. As he was the driving force and the person with the medical expertise, members believed it was essential to get a service started before he left.¹⁰³

At the January meeting, rooms in the old Woolworths Building at 239 Brunswick Street, Fortitude Valley, came up for discussion. This space was owned by John Roberts of the National Hotel and had already been favourably assessed. Four adjoining rooms on the first floor were suitable for conversion to a clinic and were conveniently located just opposite the Railway Station; however, at \$2 per square foot, it was still considered too expensive. An annual lease of \$1600 was well beyond the capacity of FPAQ with its bank balance of \$400 and no immediate prospect of change.¹⁰⁴ In the midst of discussion, when there seemed no way forward, Gabby Horan pulled out her cheque book and offered to donate \$800 to secure this building or an equally suitable one in the Valley. When the stunned Council gratefully accepted her offer, the Association reached another turning point in its development. It could finally begin planning to open a clinic. Even though it would need to secure ongoing funding, Horan's donation provided the impetus it needed to get started.¹⁰⁵ A three-year lease was signed, 28 March 1972 was set as the opening date for the clinic, and the Council began planning in earnest.

The immediate priorities were to recruit and train staff and transform the rooms into a clinic.¹⁰⁶ Blunt sought out female medical staff and provided lunch-time training sessions for them at the Royal Brisbane Hospital. Morris ran a similar course for volunteer nurses. To prepare her for this, she had already attended an FPAA training program with others who were involved in starting new clinics in other states. Reception staff were organised by Millburn, who was excited by the prospect of putting her family planning experience to use once again.¹⁰⁷ Hoping to pick up tips on administrative matters,

¹⁰³ FPAQ, Minutes of Council Meeting, 16 March 1972; Bannah, ed., *Family Planning Queensland*, 25.

¹⁰⁴ FPAQ, Minutes of Council Meeting, 15 November 1971, 20 January 1972.

¹⁰⁵ FPAQ, Minutes of Council Meeting, 20 January 1972; Blunt, interview; Bannah, ed., *Family Planning Queensland*, 24.

¹⁰⁶ FPAQ, Minutes of Extraordinary General Meeting, 2 March 1972; FPAQ, Minutes of Council Meeting, 16 March 1972; Bannah, ed., *Family Planning Queensland*, 49.

¹⁰⁷ Inaugural staff included: receptionists Jean Collie, Mrs H. Heron, Grace Kelly, Miss P. Smith and Mrs S. Warner; nursing sisters, Ann Brombach, J. Doughty, J. McLauchlan, June Morris; and doctors Jane Baker, Jane Howard and Jill Morrison. FPAQ, *First annual report 1971-72* (Fortitude Valley: FPAQ, 1972). The doctors had all trained at the Royal Free Medical School in London and had experience working for FPA/UK, Bannah, ed., *Family Planning Queensland*, 83.

she got in touch with the FPA/UK branch where she had previously worked. The Administrator filled her in on major changes which had taken place in the organisation of British family planning since she left, adding that he was delighted to know 'that Family Planning in Australia is being based on Family Planning in Surrey'.¹⁰⁸

Meanwhile, what had previously been a hairdressing salon replete with dye-stained sinks was being remodelled into a clinic. Although a building firm was appointed to do the major renovations, much of the work was done by Councillors, general members of FPAQ, their families and friends. They painted walls, made curtains, begged, borrowed and renovated furniture and, as Morris explained, worked to make the environment 'nice, the sort of place we ourselves would want to go to'.¹⁰⁹ FPAA generously sent clinic equipment and supplies, while an examination couch and stethoscopes came from the University of Queensland. Services were also being planned and arrangements made with the State Health Laboratory to enable the provision of cytology services for cervical screening and testing for sexually transmitted diseases.¹¹⁰

As opening day drew nearer, efforts were stepped up to publicise and promote the new clinic to professionals, potential clients and the general public. Members were sent a newsletter to keep them informed of the latest developments, a letter was published in the *AMA News Bulletin* and a large banner was put up on the outside of the building to advertise FPAQ and the fact that it offered clinic services. In addition to these strategies and word-of-mouth promotion, Publicity Officer Gabby Horan organised extensive television, radio and press coverage, most of it featuring Blunt speaking with medical authority.¹¹¹ She had lined up a television interview for him on the Sunday before the clinic opened. Unfortunately for Blunt, he fell from a ladder while cleaning the gutters on his roof and sustained a large gash along the length of his nose. Undaunted, he had it stitched, went ahead with the interview, delivered his spiel and the clinic opened for business the following day as planned.¹¹²

Apart from Sunday's dramatic events, in Blunt's mind there was nothing very special about the opening of the first clinic. Jill Morrison was the doctor in charge and, as planned, the three patients Blunt had lined up (all British migrants) duly arrived and received contraceptive advice and

¹⁰⁸ Letter from Stephen Dalton to Millburn, 8 December 1971, in in FPAQ folder, Early Days, Box 4.

¹⁰⁹ Bannah, ed., *Family Planning Queensland*, 24, 49.

¹¹⁰ FPAQ, Minutes of Council Meeting, 16 March 1972.

¹¹¹ Ibid.

¹¹² Blunt, interview; Bannah, ed., *Family Planning Queensland*, 25.

treatment.¹¹³ For Millburn, after all the hard work involved in getting the clinic ready, the opening was an anti-climax as there were so few clients. When a television crew came to film the clinic in action, it had to be satisfied with her and Morris sitting at a desk.¹¹⁴ Unlike Blunt and Millburn, Morris remembered the opening as a highly stressful event. She was the only nurse on duty and her job was to run the clinic. As far as she was concerned, events had moved too quickly and the opening was premature. Some of the surgical equipment had not arrived, there was no lamp for the examination table, and five doctors were coming to observe Blunt inserting an IUD. She was worried, not only about her inexperience and the missing equipment, but also about the adequacy of sterilisation procedures. As a precaution she called into Myer on her way to work and bought a bottle of Dettol. She also purchased a large torch believing that, in the absence of an examination lamp, it might help the doctor see the cervix. As it turned out, her fears were unfounded and when the time came for the procedure, the client got up on the couch, the doctors crowded around, Blunt gave a brief lecture on the technique of IUD insertion, ‘and bang, in it went with no trouble at all’. It was all over in half an hour and the first FPAQ clinic was underway.¹¹⁵



Figure 18: Marjorie Millburn and June Morris on opening day of the clinic at 139 Brunswick Street, Fortitude Valley.

¹¹³ Blunt, interview.

¹¹⁴ Bannah, ed., *Family Planning Queensland*, 25.

¹¹⁵ *ibid.*, 50.

Not only did all concerned take pride in the fact that they had succeeded thus far, but the next day, they were publicly reassured that they could look forward to financial support from the State Government. The Minister for Health took advantage of the publicity accompanying the opening of the clinic to announce that the Government would make an establishment grant of \$6000 and a maintenance grant of \$3000 for the 1972-73 financial year.¹¹⁶ Blunt was encouraged by these developments to the extent that, when he left for England two weeks later, he was confident he had overseen the birth of family planning services in Queensland. The Council sent him a letter soon after, expressing gratitude for the work he had done and acknowledging that without his untiring efforts such an outcome would not have been possible.¹¹⁷

Blunt's achievement was indeed commendable and exemplifies the role of 'institutional entrepreneur' in the creation of this new organisation. In a short space of time he had brought together a disparate but committed group of people from lay and professional backgrounds, who worked tirelessly to establish the Association and get the clinic underway. Through his own experience and involvement with FPAA, he had a clear vision of what was possible and ways it could be achieved. After acting initially as a catalyst around whom interested parties could gather, he then worked through medical organisations and meticulously planned the Symposium to minimise opposition and controversy, and gain the support of lay women and members of the legal, medical and religious establishments. Realising political backing was essential in the conservative Queensland environment, he invited prominent politicians onto the Interim Council. By the time of the public meeting, the constitution had been formulated and he had on board all the people necessary to make family planning services in Queensland a reality. Drawing on the support and resources of FPAA and, indirectly, of IPPF, Blunt maximised opportunities, minimised constraints and laid the groundwork for the emergence of FPAQ.

The times were right for such an organisation to be established and it is highly probable if Blunt had not taken the initiative someone else would have. Nonetheless, the people he attracted and the processes he set in motion, shaped the organisation and set it on a trajectory which would endure for many years to come. Significantly, of the 12 people on the Interim Council, six were doctors and two of them held the positions of Chairman and Vice-Chairman.

¹¹⁶ FPAQ, *First annual report 1971-72*, 3.

¹¹⁷ FPAQ, Minutes of Council Meeting, 4 May 1972.

Chapter Three:

Stepping out 1972

Organizational forms reflect choices made by individual entrepreneurs and managers in response to the economic, legal and cultural circumstances that existed at a given time.¹

While the opening of the first clinic marked an important milestone in the history of FPAQ, much remained to be done before the organisation could be considered to be truly established. In April 1972 there were many uncertainties for those involved. Would the public patronise the clinic? Where would the money come from to keep it running? For how long would staff be prepared to work on a voluntary basis? What operational and management processes would be employed and would they function effectively? Who would lead the Association during Dr Alan Blunt's lengthy absence? What impact would the Queensland environment have on the emerging organisation?

This chapter focuses on the social and political background against which FPAQ was established and analyses the organisation's development in the nine months to December 1972. It examines the processes that were employed and authority structures that were developed as the management team attempted to put down roots, harness political and community support, guide the actions of members and achieve goals. During this period the Association's founders would build on the framework provided by the constitution, take advantage of opportunities, confront many challenges and lay the groundwork for the future.

Living in the Sunshine State

The establishment and early development of FPAQ occurred during a turbulent period in Queensland's history. The Country-Liberal Party coalition was in power and Joh Bjelke-Petersen was Premier. Through an accident of history, he had become leader in 1968 after the sudden death of the incumbent. Following a long line of powerful, conservative, self-made premiers, he had made his mark the previous year when, as Minister for Works and Housing, Aborigines and Police, he authorised mass arrests of students and others demonstrating against the Vietnam War and the erosion of civil liberties

¹ John E. Jackson, ed., *Institutions in American society: essays in market, political and social organizations* (Michigan: University of Michigan Press, 1990), 4, describing the thrust of Mayer Zald's chapter, 'History, Sociology and theories of organization', 81-98.

in Queensland. In 1969 he provocatively directed police to present summonses to 150 demonstrators, whose names had previously been recorded for distributing political leaflets without a permit, an action which led to further protests and confirmed his ability to polarise the community.² By the time the Symposium on Family Planning took place, demonstrations and street marches had become commonplace.

In keeping with precedents set by previous Queensland governments, censorship was more extreme than in other parts of Australia.³ The content of school reading material was a divisive issue and reports of clashes between opposing groups made newspaper headlines. In October 1971, a meeting called by the Queensland League for National Welfare and Decency broke up amid angry exchanges over the question 'Are you concerned about your children's moral welfare?' The Chairman declared that the teaching of 'obscene literature' such as *The Catcher in the Rye*, *Catch 22* and *Lord of the Flies* was a Communist plot, a view which was vigorously challenged by University of Queensland academic Richard Wilson, Chief Librarian Derek Fielding and other members of the audience.⁴ An incident involving morals crusader Rona Joyner highlights the extremity and farcical nature of the situation. She trawled through a large number of school textbooks, extracted passages she considered were offensive and assembled them into a leaflet, which she intended to distribute to parents to support her case that Queensland school children were being exposed to inappropriate sexual material. In an ironic twist, the police prevented her from handing out the leaflet, on the grounds that it was pornographic.⁵

In July 1971, as the steering group was moving forward with its plans to get FPAQ underway, the government took extreme action in anticipation of demonstrations against the touring Springboks Rugby Union team. The players had met with fierce opposition in other parts of Australia because they were seen to embody the racist policy of apartheid. To discourage similar protests in Brisbane, the test match was moved from Ballymore to the more secure Exhibition Grounds and a state of emergency was called. This gave the government authority to override normal civil liberties and police were

² Fitzgerald, *From 1915 to the early 1980's*, 559-64.

³ Merle Thornton, 'Chained to the bar', in *Century*, ed. Terry Quinn (Brisbane: *Courier-Mail*, 2000), 50-1; Fitzgerald, *From 1915 to the early 1980's*, 597; Simon Mellick, ed., *Our Queensland* (Brisbane: *Courier-Mail*; *Sunday Mail*, 2002), 98.

Examples included forcing a West African dance troupe to wear bras so the sight of their bare breasts would not degrade the moral values of Queenslanders; arresting and charging actor Norman Staines with using obscene language in anti-racist play *Norm and Ahmed*; and banning the musical *Hair* because it include a nude scene and references to taking drugs and getting high

⁴ 'Clashes at moral welfare meeting', *Courier-Mail*, 8 October 1971, 9.

⁵ Fitzgerald, *From 1915 to the early 1980's*, 604; Deane Wells, *The deep North* (Collingwood: Outback Press, 1979), 98.

granted special but unspecified powers to maintain control.⁶ Although the games proceeded almost incident-free, a number of large demonstrations resulted in violent confrontations between police and protestors, many of whom were arrested.⁷ Although the government was criticised for its provocative approach and the police for their brutality, events surrounding the state of emergency had the effect of establishing Bjelke-Petersen as a strong law-and-order politician. Equally, they confirmed the impotence of Police Commissioner Ray Whitrod who had been appointed the previous year to reform the police force, rid it of corruption, break ties with politicians and improve relations with the community.⁸

Small-scale demonstrations also attracted a disproportionate amount of attention from police and politicians. Around the time FPAQ was inaugurated, members of Women's Liberation began handing out *Female sexuality and education*, a pamphlet which highlighted young women's need for sex education.⁹ One of the women was arrested under the Vagrants, Gaming and Other Offences Act and charged with distributing an obscene publication. She was later acquitted when the magistrate ruled that the publication was 'in the nature of a medical treatise' and, rather than advising women to be sexually promiscuous, it was instead suggesting that 'what is right for the male is right for the female'.¹⁰

The Women's Liberation group had grown out of the actions of academics Merle Thornton and Rosalie Bognor who chained themselves to the public bar at the Regatta Hotel in Toowong in 1965 to draw attention to the many laws that discriminated against women in Queensland.¹¹ Circulation of the sex education pamphlet created a storm. At the time of the arrest, the publication was tabled in Parliament, where politicians including Dr Arthur Crawford, Don Lane and the Premier condemned Women's Liberation and linked it to the Communist Party. According to the *Sunday Mail*, parents threatened 'vigilante' action to prevent further distribution and the paper received what it labelled 'hate calls' from people such as Yvonne McComb. In her role as state leader of the Liberal Party Women's Council, McComb criticised the publication on the grounds that it contained no mention of 'the complete

⁶ Fitzgerald, *From 1915 to the early 1980's*, 567; Lunn, *Joh*, 86-9; Craig Procter, 'The Police', in *The Bjelke-Petersen premiership*, ed. Patience, 170.

⁷ 'Police chase protesters: yelling crowd flees from Boks motel', *Sunday Mail*, 25 July 1971.

⁸ Fitzgerald, *From 1915 to the early 1980's*, 568.

⁹ 'Women's Lib. faces up to the critics', *Sunday Mail*, 2 October 1971, 3.

¹⁰ Fryer Library, UQ Library, Holmes and Irwin, *History of Children by Choice*, 52.

¹¹ *ibid.*; Thornton, 'Chained to the bar', 51; Young, *Daring to take a stand*, 43-44; Carole Ferrier, 'Women's Liberation, 1965', in *Radical Brisbane*, ed. Evans and Ferrier, 254-8.

fulfilment and satisfaction of sex within family life' and was infringing 'the cherished ideal of Australians not to be pushed around by minority groups'. She called on the authorities to deal sternly with Women's Liberation to stop it from invading people's privacy and urged the Postmaster-General to withdraw the group's access to a private mailbox.¹²

The main thrust of the *Sunday Mail* article was to compare and contrast the language, attitudes and attire of Thornton and McComb in order to highlight the differences between radical and conservative women. Thornton defended distribution of the leaflet, which she hoped 'would strike a blow against sex oppression, lead women to take direct action and not put up with things the way they were'. She reportedly caught the journalist off guard by shaking his hand with a firm grip and asking to be called 'Merle'. She was described as wearing 'sandals, slacks, a tee shirt, a gold chain around her neck and some eye shadow and lipstick' – but no wedding ring and no bra. McComb, on the other hand, was depicted as 'tall, blonde and fashionably dressed'. She didn't shake hands; she allowed the reporter to help her into her chair; and she asked to be quoted as 'Mrs John McComb'. Through articles such as this, the Queensland media contributed to the polarisation of community views and trivialisation of women which was such a feature of Queensland life in the Bjelke-Petersen era.

At the time of this incident, sex education was not included in state school curricula and the issue was a political hot potato. The Department of Education was being pressured by members of the public, the Teachers Union, the Queensland Council of State School Organisations and community groups to take action on the matter. The Department rejected involvement and deflected inquiries by stating its policy that 'Sex education is not provided in schools since it is regarded as the responsibility of parents. Parents and Citizen's Associations combined with the Father and Son and Mother and Daughter Movements to provide sex education out of school hours and this department cooperates by allowing them to use school rooms for this purpose'.¹³ The Health Education Council took a more pragmatic approach. Recognising the need to teach young people about sex as a way of curbing the rapidly increasing rates of venereal disease, it subsidised the above groups to run after school classes on the facts of life to segregated groups of students and their parents.¹⁴

¹² 'Women's Lib. faces up to the critics', *Sunday Mail*, 2 October 1971, 3.

¹³ Logan, *Sex education in Queensland*, 56.

¹⁴ *ibid.*, 48-52.

The Health Education Council increased its involvement in the early 1970s when it re-published a series of sex education booklets. Unfortunately, these were regarded by many as a joke and out of step with the needs of society. The book for parents was written from a ‘medical viewpoint’ and suggested they talk with their minister of religion for help regarding the ‘important religious and moral aspects concerning sex’.¹⁵ The booklet for boys gave advice on ways to control ‘night losses’ or ‘wet dreams’. These included not having late suppers or drinking a lot of fluid before bed, and avoiding lying on one’s back when sleeping. In relation to ‘masturbation or self-abuse’, it suggested that ‘the practice is usually the result of curiosity and immaturity and is outgrown, as childish practices are outgrown, without any necessity for adult help’. To help boys gain self-control, they were advised not to think too much or too often about sex.¹⁶ Women’s Electoral Lobby criticised the booklets and complained that the information for young women was ‘all biological and maternity oriented with no mention of contraception, sexual pleasure, VD or abortion’. The advice given to girls was that, before marriage, they should ‘be busy learning’.¹⁷

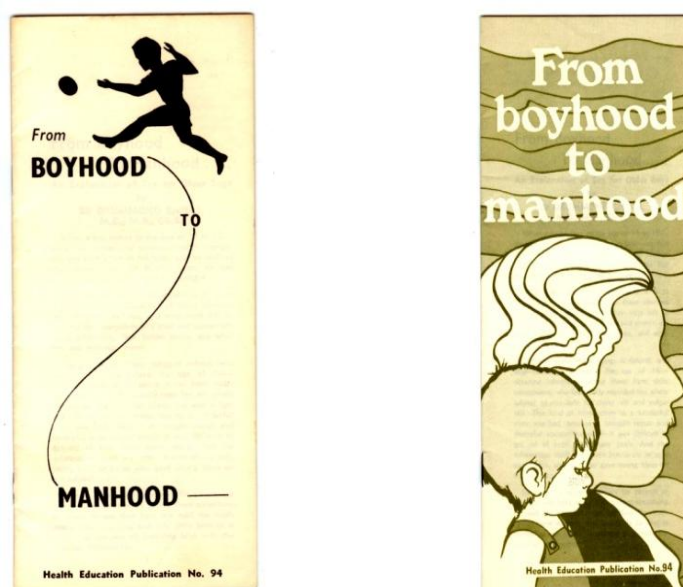


Figure 19: *From boyhood to manhood* was republished by the Health Education Council. The cover was given a contemporary look but the antiquated content remained intact (Shiels)

¹⁵ Queensland Health Education Council, *What shall I tell my child?* (Fortitude Valley: The Council, 1973), 13.

¹⁶ Drummond Shiels, *From boyhood to manhood: an explanation of sex for older boys* (Fortitude Valley: Queensland Health Education Council, [193?] and 1973), 13-14. It is likely that the original brochure was produced during Shiels' time as Medical Secretary of the British Social Hygiene Association (1933-41). See 'Obituary: Sir T. Drummond Shiels', *British Medical Journal* 4803, no. 1 (1953): 223.

¹⁷ Women's Electoral Lobby (Brisbane). Sex Education Research Committee, *Report and recommendations for a programme of sex education in State Schools* (Red Hill: WEL Brisbane Women's Centre, 1973), 10.

FPAQ's early development also took place against a backdrop of increasingly polarised views on abortion which until recently had been illegal in all states of Australia and a major cause of pregnancy-related deaths. In 1969, South Australia amended its criminal act and became the first state to allow abortions to be legally performed in public hospitals. Soon after, a Common Law ruling by Judge Menhennitt in Victoria significantly liberalised interpretation of the law, permitting the procedure if a doctor deemed a woman's physical or mental health to be at risk because of pregnancy. In 1971, when the Levine ruling in New South Wales extended the interpretation of 'mental health' to include social and economic hardship, this set a precedent which would make abortion more freely available in most parts of Australia.¹⁸ Such was not the case in Queensland where, shortly before the Symposium on Family Planning was held, the Minister for Justice announced that it was illegal to terminate the pregnancy of a woman with rubella.¹⁹ Government intervention ensured that the legal situation regarding abortion would remain unclear, restrictive and controversial and that the community would continue to be divided on the issue.

Polarisation of views was reflected in two groups which emerged as offshoots of organisations established after abortion was legalised in Britain in 1967. Australia's first Right to Life group was established in Brisbane in September 1970 by anti-abortion proponents.²⁰ Seven months later, pro-choice advocates formed a branch of the Abortion Law Reform Association. Right to Life members vocally opposed abortion under any circumstances while ALRA (Queensland) countered by supporting a woman's right to choose and advocating the provision of family planning services and sex education as preventive measures. Members of both attended public rallies, distributed leaflets and gained extensive media exposure in pursuit of their respective causes. Opposition to ALRA was fierce and by June 1971, the Brisbane City Council had asked the group to stop using King George Square for its rallies. In April 1972 ALRA changed its name to Children by Choice and set up an information and referral service staffed by trained volunteers. In the blaze of publicity that followed, according to President Beryl Holmes, 'bricks were thrown through the windows and the fight for women's right to choose abortion was really on in Queensland'.²¹

¹⁸ Royal Commission on Human Relationships, *Final Report*, Vol. 3, 137-43.

¹⁹ Siedlecky and Wyndham, *Populate and perish*, 90.

²⁰ 'Queensland Right to Life 25 Years', *Queensland Right to Life Newsletter*, 23, no. 2 1995.

²¹ Fryer Library, UQ Library, Holmes and Irwin, *History of Children by Choice*, 8-12; Siedlecky and Wyndham, *Populate and perish*, 90-1.

Given the nature of the service that FPAQ was offering, no matter how much it wished to distance itself from the matter of abortion, this would prove to be impossible. The Association would be dogged by its links with the issue for many years to come.

Putting Down Roots

From its inception, the founders of FPAQ viewed it as a professional organisation whose purpose was to fill gaps in health services. They had very specific aims and were pragmatic in their approach to getting started. As Dr Alan Blunt explained in an oral history interview many years later:

At the outset, I felt strongly that we should not move into side issues – by which I mean abortion, sterilisation, infertility, psychosexual medicine...Our business was very specifically family planning in the old Family Planning Association sense, in which family planning is a euphemism for contraception of all sorts. We needed to be very cautious of stepping outside that area because those things ought to be done by other specialist services. There was a need to get family planning off the ground because it didn't exist in Queensland. One had to keep a tight rein on people who'd got different agendas.²²

Initially, FPAQ offered two clinic sessions a week but opened daily between 9.30 am and 3.30 pm to take appointments and provide information. Before long an evening clinic was also introduced. Each clinic was attended by a volunteer doctor, a nursing sister and a receptionist who also took care of accompanying babies and children.²³ It was not only patients who brought their offspring to the clinic, but so did staff such as Dr Jane Howard. As the mother of two very small children, she appreciated the child-friendly aspect of FPAQ, which would become an enduring characteristic for both staff and clients.²⁴ Patient numbers built up slowly, initially in response to press, radio and television publicity, then by word of mouth. By the end of September 1972, 319 new patients had been seen and there had been 171 follow-up visits. For those who could afford to pay, FPAQ charged the standard medical consultation fee of \$3.50 plus 50 cents for clinic membership. For the considerable proportion of patients who had difficulty paying, fees were reduced or waived completely. Following initial uncertainty about the position the medical insurance companies would take, they confirmed in August that standard benefits would be paid for family planning consultations and procedures.²⁵

²²Blunt, interview.

²³FPAQ, *First annual report 1971-72*, 4.

²⁴Bannah, ed., *Family Planning Queensland*, 87.

²⁵FPAQ, Minutes of Council Meeting, 3 August 1972; FPAQ, *First annual report 1971-72*, 5.

FPAQ benefited from assistance provided by the drug companies and profits from the sale of contraceptives.²⁶ When asked in an oral history interview about the importance of their early support, Blunt replied that it was ‘critical, absolutely important’:

Obviously they’re in it for the money – or more for the publicity, to get their product widely used around the state. Certainly most of our initial supplies were provided by the drug companies either free or on a supply-now-pay-later approach. Some companies were more helpful than others, but in general they came to the party...They were also useful with the educational material...We got on quite well with the individual reps. At the end of the day, it was the rep that provided you with the better service, rather than the company, that mattered.²⁷

The relationship was mutually beneficial. Within a short time of the first clinic opening, both Schering and Ethnor had been given approval by the Council to conduct trials of new oral contraceptives with consenting clinic clients.²⁸ The Minutes of 3 August 1972 note that Schering offered to pay \$20 for each completed trial record, a substantial incentive for a cash-strapped organisation.

Finances were a dominant concern throughout this period. In the first six weeks, the Association struggled, having committed most of its funds to setting up the clinic and paying the lease. Apart from Horan’s donation of \$800 and the establishment grant from FPAA, its only resources were membership fees, contraceptive sales, a \$50 donation from Schering, the goodwill of supporters and voluntary efforts of councillors and staff.²⁹ In May, FPAQ reached a turning point in its development when it received the Establishment Grant of \$6,000 which had been promised by the State Government. This enabled the Council to repay Horan and FPAA, resume refurbishment of the clinic and plan more decisively for the future. Blinds were ordered for the windows, hot water was connected and a ceiling fan and partial airconditioning were installed for the comfort of staff and clients. The airconditioning also served to mask noise from the trains that ran beside the clinic and cut pollution from the heavy traffic in Brunswick Street.³⁰

²⁶ FPAQ, Minutes of Council Meeting, 20 January 1972, 16 March 1972. For example, patients were charged \$12 for the insertion of a Lippe’s Loop intrauterine device which was supplied by Ethnor for \$1.24.

²⁷ Blunt interview.

²⁸ FPAQ, Minutes of Council Meeting, 16 March 1972.

²⁹ *ibid.*

³⁰ FPAQ, Minutes of Council Meeting, 4 May, 15 June and 15 November 1972.

All staff worked on a voluntary basis until June 1972. Professional staff then began to be paid and two key permanent positions were created. Marjorie Millburn was appointed Clinic Administrator, to be in attendance during clinic opening hours, and June Morris became part-time Sister-in-Charge of nursing and the running of the clinic. In addition to their paid positions, Millburn and Morris continued as Honorary Secretary and Treasurer of the Council.³¹ Doctors were paid a set amount per three-hour session while the nurses were paid by the hour. The receptionists continued to work on a voluntary basis until April 1973. Morris and Dr Jill Morrison were responsible for training nurses and doctors, a difficult task which would become even more challenging with developments that were about to unfold.

Blunt had announced at the Symposium that independent moves were underway to start a family planning service in Townsville. Although this did not eventuate at the time, the Council soon began fielding requests for assistance to start clinics in regional areas. The earliest of these came from Cairns Obstetrician and Gynaecologist Dr Robert Ellwood who made contact with the Chairman in April 1972 and visited the Valley clinic shortly after. This prompted the Council to commit to providing grants to help with the establishment of regional services whenever the need arose. Ellwood moved quickly. Within a month, a public meeting had been held, FPAQ's first branch was inaugurated, a steering committee was formed and plans were underway to open a clinic. By June, the Council had also received expressions of interest from Townsville, Rockhampton, Southport and Ipswich. In October, when it approved a \$250 Establishment Grant for the Cairns branch, it was fully aware of the precedent it was setting and strain this would put on finances.³²

From its inception, FPAQ had hoped to use State Government hospital or community health accommodation to enable it to extend services to people living in rural and remote areas. This notion was tested when Elwood sought permission for the Cairns branch to run a clinic from the Base Hospital. Although the Hospital Board agreed, the decision was overruled by the Department of Health. Muriel Wilson and Dr Alan Blunt arranged a meeting with the Minister but he was not persuaded to reverse the decision and instead indicated that, 'if the current grant should prove inadequate, in view of development and expansion, he would support a request for additional financial support'.³³

³¹ FPAQ, Minutes of Council Meeting, 15 June 1972.

³² FPAQ, Minutes of Council Meeting, 11 October 1972.

³³ Ibid.

By the end of the year, branches had also been inaugurated in Rockhampton and Townsville. As each of the branches has its own history of establishment and early development, these are dealt with in greater detail in Chapter 5. At this stage, suffice it to say that events which were taking place in regional Queensland would contribute to the uniqueness of FPAQ and at the same time pose major challenges for the Council.

During 1972, FPAQ continued to promote the organisation to potential clients and supporters. Publicity Officer Gabby Horan achieved regular media exposure, advertising literature was placed with government and other agencies, and clinic clients helped by recommending the service to others. Blunt pointed out that getting the right sort of publicity was important to the Association:

You wouldn't for instance go out on the street with banners or hand out leaflets in the street. That wasn't how we were going to do it...we quite deliberately didn't go down those lines. We wanted to set up a professional organisation, a professional standard clinic as a first step with the aim of expanding in the whole family planning field. We wished to keep to that brief initially and to advertise it on that basis.³⁴

Once the clinic was open for business, a new but very effective promotional technique of clinic visits was introduced. Initially Millburn and Morris invited key personnel from nursing, welfare and social service organisations to see for themselves what the clinic had to offer. Visits from community and religious groups such as the Childbirth Education Association and the Methodist Women's Federation were also encouraged. They developed a successful routine, operating as a double-act in which Millburn would welcome the visitors, explain how the clinic worked and provide them with just enough information about sex and contraception to get them interested, before introducing Morris who would dazzle them with a tour of the clinic. Morris recalled her part in it:

My job was to show them our patient history card, explain the confidentiality...and the sort of questions we asked. Then I'd take them into the doctor's room as if they were a client, and show them all the gear in there, sort of freak them out with the trolley laden with diaphragms, speculums, condoms and IUDs. They were exciting for some people who didn't know about contraception. Then on the way out I'd tell them about the teaching side of it and show them the store cupboard with this enormous pile of contraceptives. It was quite easy to impress people by showing them the clinic.³⁵

³⁴ Blunt, interview.

³⁵ Bannah, ed., *Family Planning Queensland*, 52.

One such visit in July was significant in that it opened their eyes to the political potential of such exposure. The visitors involved were Labor Party Members of Parliament, Kevin Hooper and Bill Hayden, both of whom represented low socio-economic electorates in Brisbane's west and were enthusiastic about starting clinics in their areas.³⁶ Hooper was the state representative for Inala while Hayden was the Federal Member for Ipswich. Importantly for FPAQ's future, Hayden was also the Shadow Minister for Health and an election was due at the end of the year. Other high profile visitors in the clinic's first year included the Governor's wife Lady Hannah, the Premier's wife Florence Bjelke-Petersen, and Alderman K. W. Hughes, Chairman of the Health Committee of the Brisbane City Council. Over the next thirty years, annual reports would record an impressive stream of guests, many with social or political influence.



Figure 20: Prime Minister's wife Margaret Whitlam visits FPAQ in 1974. Seen here with Marjorie Millburn (FPAQ, AR 1990-91, 8)

Not only did these visits serve as an effective promotional strategy, but they also alerted Morris to the value of education. They made her realise that the better informed people were about family planning issues and what the clinic was trying to achieve, the more accepting and enthusiastic they were about the Association.³⁷ This view extended to patients for whom clinical consultations provided an important opportunity for education. The nurses and female doctors would listen to them, take their concerns seriously and help them understand their bodies and all aspects of their sexual and

³⁶ FPAQ, *First annual report 1971-72*, 5.

³⁷ Bannah, ed., *Family Planning Queensland*, 52.

reproductive health. In the early 1970s this approach was a novelty in Queensland and resulted in the formation of a nucleus of loyal followers who spread the word to their friends and returned to FPAQ for specialist services for many years.³⁸

Through its constitution, FPAQ was committed to community education in ‘human relationships and marital happiness’ through ‘lectures or courses of lectures given publicly or privately’.³⁹ This aspect of its work developed in a piecemeal way as Morris responded to requests from lay and professional groups. She spoke to unmarried mothers awaiting confinement at the Salvation Army’s Boothville Hospital, to members of the Childbirth Education Association and to groups of nurses at the Royal Brisbane Hospital. To help her overcome nervousness in this unfamiliar role, Millburn suggested she take a set of contraceptives to hand around before getting on with the lecture. This worked well and was quickly incorporated as an ice-breaker in education sessions. Morris’s ability as an educator was further enhanced by the group management techniques she was learning as a trainee Marriage Guidance counsellor.⁴⁰

Morris also contributed to community education through ‘the publication and distribution of suitable literature’ and by ‘the use of newspapers, television and radio, and the screening of educational films’.⁴¹ Distribution of family planning literature began before the first clinic opened and gathered pace as the organisation found its feet. Information was available on request and educational material was sent throughout the state. The Health Education Council was very supportive of this aspect of FPAQ’s work. Ironically, Morris attributed the beginning of the publications program to the shortcomings of the Council’s sex education brochures which she described as ‘badly written, possibly harmful and not really of any use’.⁴²

Many others played a part in the development of the new organisation. The Interim Council consisted of eighteen members who met ten times during the Association’s first year of operation. With very few exceptions, councillors contributed generously in their areas of expertise. Blunt, Millburn, Morris, Horan, Wilson, Crawford and McComb all played critical roles as did lawyer Chris Lamb. His work on

³⁸ June Morris, *Family Planning story: a personal memoir 1971-89* (Brisbane: FPQ, 2005), 14. See also, Judy Nissen interview, Bannah, ed., *Family Planning Queensland*, 98.

³⁹ FPAQ, Memorandum and Articles of Association of the Family Planning Association of Queensland 1972-86, II 4 (a), in FPAQ, Box 4.

⁴⁰ Bannah, ed., *Family Planning Queensland*, 56.

⁴¹ FPAQ, Memorandum and Articles of Association of FPAQ, II 4 (b) and (c).

⁴² Morris, *Family Planning story*, 36.

the constitution culminated in the Association's incorporation as a company limited by guarantee in April 1972 and its acceptance as a Registered Charity under the Collections Act in September.⁴³ In compliance with legal requirements for nonprofit incorporated companies and in anticipation of financial growth, June Bell and Associates were appointed Honorary Auditors during the year. Many who had been on the Interim Council were re-elected at the first Annual General Meeting at which Blunt, Millburn and Morris once again became office-bearers. Lady Cilento was one of the few founding members who did not put herself forward for re-election. Now in her late seventies and feeling confident that the new organisation could move forward without her, she resigned to concentrate on her many other activities.

Although Blunt was still chairing the organisation at the end of the year, he was grooming Millburn to take on a greater leadership role. She had been in charge from April to September while he was overseas. During this time, the two maintained regular correspondence, she keeping him up to date with what was happening and seeking his guidance on the many issues which arose, he responding enthusiastically, encouraging her and acknowledging the enormous effort she was putting in. As FPAQ was in its formative stages, there were many challenges to be met and decisions to be made. Some of the issues they discussed by mail included FPAA's continued reference to the Queensland Association as a branch, the possibility of starting an evening clinic, the development of branches, modifications to the constitution, reports on FPA/UK practices, ideas for posters and brochures, vandalism of the clinic sign, the possibility of leasing extra space, and the need to make immediate contact with the Health Minister should there be a change of government in the looming state election.⁴⁴

An issue on which Millburn acted decisively was the Association's position in relation to FPAA. She had become concerned about its attitude to the FPOs while attending a National Executive Committee meeting in February 1972. Chaired by Vimy Wilhelm, the object of the meeting was to explain the work being done by FPAA, discuss common issues and share information. Late in the day, a proposal was made to establish a Federal Executive Council which would meet annually, with costs to be met by profits from bulk purchasing of contraceptives. This led to a proposal that each state organisation should become a branch of FPAA and have two representatives on the national council.⁴⁵ Although it

⁴³ FPAQ, *First annual report 1971-72*, 3. A not-for-profit organisation is defined as one where income in excess of expenditure is channelled back into facilities, operation or services of the organisation, Roberts, *Managing governance*, 11.

⁴⁴ Correspondence between Blunt & Millburn, 26 April, 24 May, 7 June and 6 July 1972.

⁴⁵ Millburn, Interim Report, FPAA National Administration Meeting, 23 Feb 1972.

was common in FPAQ's formative period for reference to be made to it becoming a branch, when Millburn brought this proposal to the March meeting of the FPAQ Council, the response was clear-cut: becoming a branch would mean that the Sydney-based association would have overall control of family planning in Australia and this was unacceptable. It rejected the proposal on two counts. The first was that FPAQ was established under Queensland law as a company limited by guarantee and, while its constitution gave it the power to form branches within the state, it did not allow for it to become a subsidiary of a national body. Furthermore, while acknowledging that the help and expertise provided by FPAA and IPPF had been invaluable, the Council felt it should have autonomy over its own affairs. Although the establishment of a national organisation was viewed positively, members felt strongly that it should have an advisory and coordinating role only.⁴⁶

After lively discussion, the Secretary was instructed to write to FPAA expressing these views. When correspondence continued to address FPAQ as a branch, Millburn relayed this information to Blunt and proposed that it should establish its independence and repay the establishment grant as soon as possible.⁴⁷ In May, immediately after the State Government cheque was banked, the money was returned to FPAA with thanks and FPAQ looked forward to moving on as a 'completely self-supporting' organisation.⁴⁸

Undaunted by FPAQ's display of independence, FPAA continued to nurture its development and that of family planning associations which now existed in all parts of Australia except the Northern Territory. In addition to providing guidelines for administrative practice and services, it extended its network of councils and committees which were intended to guide the activities of the FPOs. The National Medical Advisory Council continued to advise on medical matters and clinical trials of new contraceptives. It also set up sub-committees to focus on specialised areas. The National Training Committee oversaw professional programs for nurses and doctors while the Basic Science Committee promoted research and dissemination of findings in areas relevant to family planning. With IPPF funding and a grant of \$10,000 from the Commonwealth Government, this Committee organised the First Medical and Scientific Congress of the South East Asia and Oceania Region of the international Federation. Held in Sydney in August 1972, the hugely successful event brought together more than 400 delegates from 38 different countries. It was important for the Australian movement and marked a

⁴⁶ FPAQ, Minutes of Council Meeting, 16 March 1972.

⁴⁷ FPAQ, Minutes of Council Meeting, 4 May 1972

⁴⁸ FPAQ, Minutes of Council Meeting, 15 June 1972.

softening in the Commonwealth Government's approach to family planning. The only speaker from Queensland was Dr Alan Blackshaw of the University of Queensland's Pharmacy Department.⁴⁹ He joined the FPAQ Council shortly after the conference and became a long-standing, respected member of the Basic Sciences Committee.

FPAA kept the FPOs in touch with the international family planning community and had a direct impact on them through its advisory committees. It also represented them nationally and lobbied on their behalf. It made joint submissions to investigations such as the Henderson Commission of Inquiry into Poverty (1972-76), which ultimately recommended that greater attention be paid to the contraceptive needs of disadvantaged women. It issued guidelines, policy statements and expert advice on problem areas of contraception; applied for Commonwealth funding to extend family planning services; and lobbied for the lifting of sales tax on contraceptives and addition of the pill to the pharmaceutical benefits list.⁵⁰ With a grant from IPPF, in 1971 it had also commissioned a major study to identify state and national laws which were impeding the expansion of family planning services.⁵¹

Legal issues posed problems Australia-wide, but in Queensland their impact was exacerbated by the stance taken by the State Government. This was particularly so in relation to vasectomy and abortion, both of which remained contentious long after they were routinely performed in other states. FPAA had begun a vasectomy service in Sydney in June 1972, after the national body of the AMA had ruled that there were no ethical problems for doctors undertaking the procedure for contraceptive purposes.⁵² This ruling was rejected in Queensland where a newspaper article of 26 September 1971 quoted the Premier as saying that his government would not permit the operation for contraceptive purposes and that this position was supported by the Queensland Branch of the AMA. The operation was considered acceptable for 'therapeutic purposes...for example for some bladder or prostatic purposes' but not for contraception.⁵³ Because of this, FPAQ chose not to start a service and instead referred interested clients to the Humanist Society, which in turn referred them to private practitioners who performed many hundreds of vasectomies each year.⁵⁴ FPAQ's clearly stated position was that both male and

⁴⁹ FPAA, *Forty-sixth annual report 1971-72* (Sydney: FPAA, 1972), 10-14; Siedlecky and Wyndham, *Populate and perish*, 172-3.

⁵⁰ Siedlecky and Wyndham, *Populate and perish*, 169-74.

⁵¹ FPAA, *Forty-fifth annual report 1970-71*, 20.

⁵² Siedlecky and Wyndham, *Populate and perish*, 48.

⁵³ 'Doctors plan more vasectomies', *Sunday Mail*, 26 September 1971.

⁵⁴ '30 sterilised every week', *Sunday Mail*, 19 September 1971.

female sterilisation should be readily available on social as well as medical grounds, provided high calibre counselling was available.⁵⁵ It sought clarification of the ethical and legal aspects of the procedure from the AMA, the Department of Justice and the Medical Protection Society,⁵⁶ but its efforts came to nought.⁵⁷

While the Council was open about its position on vasectomy and was prepared to press for clarification of the law, it was much less forthcoming on abortion. Apart from asserting family planning's role in preventing abortion, for the most part, FPAQ remained silent on the issue. The only reference in the early minutes was in May 1972, when the secretary was asked to respond to advice given by media personality Haydn Sargent to a pregnant 16-year-old. In his regular *Telegraph* column, he had told the young woman, who signed herself 'Nervous Breakdown' that, while he couldn't give her advice on abortion because the procedure was illegal, she could to 'go to the Family Planning Clinic in Brunswick Street and discuss [her] future and the implications of abortion'.⁵⁸ Millburn thanked Sargent for helping to publicise the Association but made it clear that the clinic did not offer counselling on the issue of abortion.⁵⁹

By the end of 1972, FPAQ had laid the foundations for its future development. It was a legally constituted entity which was operating through a voluntary Council, running a successful clinic staffed by a small but dedicated group of individuals and addressing emerging needs in the areas of education, information and training. In a demonstration of theorist Mayer Zald's assertion that 'history matters' in the formation of organisations, the management team had responded to regional demands and prevailing 'economic, legal and cultural circumstances' in ways which would shape FPAQ's future path.⁶⁰ It was receiving financial support from the State Government and, although disappointed that it was not reaching as many disadvantaged clients as it would have liked, it had community support and strong links with the medical profession, influential politicians and church and community leaders. As an affiliate of the Family Planning Association of Australia it was benefiting from its advocacy and support as well as that of IPPF. Leaders were emerging and through word of mouth and an active promotional program FPAQ was shaping perceptions, gaining a high profile and attracting increasing

⁵⁵ FPAQ, Minutes of Council Meeting, 15 November 1972.

⁵⁶ FPAQ, Minutes of Council Meeting, 3 August 1972; Alan Blunt, Comments on Council Meeting, 10 April 1973, in FPAQ folder, Early Days, Box 4.

⁵⁷ FPAQ, Minutes of Council Meeting, 19 June and 28 Aug 1973.

⁵⁸ 'Unmarried, 16, and pregnant', *Telegraph*, 3 May 1972.

⁵⁹ FPAQ, Minutes of Council Meeting, 4 May 1972.

⁶⁰ Mayer N. Zald, 'History, sociology, and theories of organization', in *Institutions in American society*, ed. Jackson, 85.

numbers of clients. Although the Brisbane centre was the only one in operation, branches had been inaugurated in Cairns, Townsville and Rockhampton and similar moves were underway in Southport. All were intending to offer family planning services to their own communities.

The potential for expansion of the Association seemed limitless. All that was holding it back was money. While vital financial support had been forthcoming from the State Government and was being supplemented by membership fees and sales of contraceptives, this was not enough to meet the needs of the growing organisation. The Department of Health's refusal to allow FPAQ to operate from its community or hospital premises only added to the frustration of the Council. Faced with the rapid development of branches and mounting financial challenges, at the end of 1972 FPAQ welcomed an event which would have a long-term impact, not only on only its own future, but on the whole of the Australian family planning movement.

Chapter Four:

Nurturing growth 1973-76

Organizational legitimacy refers to the degree of cultural support for an organization. This vertical dimension entails the support of significant others: various types of 'authorities' – cultural as well as political – empowered to confer legitimacy...Agents of the state and professional and trade associations are often critical.¹

Organisational theorist W. Richard Scott observes that 'Organizations require more than material resources and technical information if they are to survive and thrive in their social environments. They also need social acceptability and credibility', qualities which sociologists refer to as 'legitimacy'.² The election of the Whitlam Government marked a significant turning point in the history of the Australian family planning movement in terms of material resources and legitimacy. Despite the previous government having been a signatory to the International Declaration on Population, which recognised access to family planning as a basic human right, it had withheld support for fear of alienating Catholic and Democratic Labor Party voters. Prior to December 1972, the Commonwealth's only involvement had been the provision of a small grant and rent-free premises for the newly-established FPA/ACT in 1971 and a contribution towards the cost of the IPPF Medical and Scientific Congress the following year.³ Important as these gestures were, it was not until the Labor Party came to power that the Commonwealth Government took any real steps to extend family planning services and make them more accessible in Australia and neighbouring countries. Although the Whitlam Government was short-lived, its influence in the field was substantial and enduring.

This chapter examines the Labor Party's policies and actions and their impact on the Australian family planning movement. After investigating the formation, role and function of the Australian Federation of Family Planning Associations and the ongoing influence of IPPF, it analyses FPAQ's development from 1973 to 1976.

¹ Scott, *Institutions and organizations*, 59-60. 'Legitimacy is a generalized perception or assumption that the actions of an entity are desirable, proper or appropriate within some socially constructed system of norms, values, beliefs, and definitions', Mark C. Suchmann, 'Managing legitimacy: strategic and institutional approaches', *Academy of Management Review* 20 (1995): 574.

² Scott, *Institutions and organizations*, 59.

³ Siedlecky and Wyndham, *Populate and perish*, 135.

It's Time – Women and the Whitlam Government

On 4 December 1972, after 23 years in opposition, the Australian Labor Party came to power and Gough Whitlam became Prime Minister. In the lead-up to the election the ALP had promised to transform the lives of all Australians by using Federal Government powers to deliver equality of opportunity in education, health, welfare, justice, the environment, transport and human rights.⁴ Women played an important part in Labor's victory, particularly through organisations such as Women's Electoral Lobby whose members believed that changes in the status of women were long overdue. WEL began early in 1972 and quickly became a well-organised Australia-wide network of moderate, middle-class women who campaigned on issues such as equal pay, equal opportunity, free 24-hour childcare, free contraceptive services and abortion on demand. Members were encouraged to use their political power for the benefit of women.⁵

Once in power, the government moved quickly, implementing sweeping reforms which would have a major impact on women and attitudes to them. It appointed women to influential judicial and government positions and introduced free tertiary education, equal pay, no fault divorce and extended maternity leave. It also introduced the Supporting Mothers Benefit which for the first time recognised unmarried women bringing up children on their own. Its social and legislative reforms officially confirmed changes which had been taking place in Australian society since the early 1960s. Contraception for 'unmarried girls' became more acceptable, 'living together' before marriage more common, and the shame of illegitimacy began to fade as out-of-wedlock births increased. Women took advantage of easier access to education and the workforce, delayed having children and began what would become a long-term trend towards smaller families. The government nurtured a climate which was more conducive to questioning of gender roles, discussion of sexuality and supportive of the removal of all forms of discrimination on the grounds of sex. In terms of health care, the government was responsible for creating innovative community services such as women's health centres, women's refuges and rape crisis centres – and for strengthening family planning services which had been expanding rapidly since the late 1960s.⁶

⁴ Paul Kelly, 'The legacy lives on', *Australian Magazine*, 28-29 November 1992, 11.

⁵ Marian Sawer, *Making women count: a history of the Women's Electoral Lobby in Australia* (Sydney: UNSW Press, 2008), 27-9; Verity Burgmann, *Power, profit and protest: Australian social movements and globalisation* (Crows Nest: Allen and Unwin, 2003), 113-15.

⁶ Sawer, *Making Women Count*, 42-9; Siedlecky and Wyndham, *Populate and perish*, 135-38; Australian National Advisory Committee, *International Women's Year Report* (Canberra: AGPS, 1976).

The family planning movement was one of the earliest beneficiaries of the new regime. During the government's first ten days in office it announced a number of initiatives which were designed to eliminate barriers to accessing birth control. These included removal of 27½ percent sales tax on contraceptives, addition of the pill to the Pharmaceutical Benefits List and removal of the ban on contraceptive advertising in the ACT. In recognition of the problems caused by world population growth, it pledged \$100,000 to the International Planned Parenthood Federation and \$200,000 to the United Nations Fund for Population Activities. Within three months of taking office, it had promised funding for existing Australian family planning programs. Money began flowing in April when the Family Planning Associations were awarded an interim grant of \$50,000, with half that amount going to the Australian Catholic Social Welfare Commission. In the 1973-74 financial year these amounts increased to \$200,000 and \$100,000 respectively, with a further \$50,000 being set aside for 'other' organisations such as the Family Life Movement.⁷

While the groups involved welcomed these initiatives, not everybody was happy with the new arrangements. Brisbane doctor Trevor Sauer complained that the effectiveness of 'natural' family planning, the only method offered by the Catholic Social Welfare Commission, was questionable and the amount allocated was disproportionate to the numbers of women using these centres. He suggested that a fairer decision would have been to give one-tenth of the funding to the Catholic group and the remainder to the family planning associations.⁸

In a move which inexorably shaped the future of sexual and reproductive health services in Australia, in 1974 the government committed \$700,000 of its \$1.25 million family planning budget to the establishment of a new Family Planning Program. The aim of the FPP was to help the FPOs extend and improve their education and professional training programs and make their services more accessible, especially to disadvantaged groups. These were identified as adolescents, Aboriginal and migrant women, and people who were geographically and socially disadvantaged.⁹ Population control was not in itself an objective of the FPP, despite the prominence given to this concept in arguments for family planning at the time. Rather, in keeping with its international obligations, the government established the program as an expression of its policy that all people should have access to family planning advice,

⁷ Siedlecky and Wyndham, *Populate and perish*, 136.

⁸ Trevor Sauer, 'Poor family planning', *Australian*, 20 February 1973.

⁹ Siedlecky and Wyndham, *Populate and perish*, 136-7.

so that they might achieve the number and spacing of children they desired. The broad objective of the policy was improvement of the quality of life for both children and parents and the achievement of equality of opportunity for all children.¹⁰

Significantly for the future of the Australian movement, when the government set up the FPP, it appointed Dr Stefania Siedlecky to the Department of Health as Special Advisor, Family Planning and Women's Health. Having graduated in the 1940s, Siedlecky had extensive experience in gynaecology, women's health and birth control. A long term advocate of women's right to safe abortion, she became the first doctor at the Leichhardt Women's Health Centre, which was funded under the Community Health Program, run on feminist principles and provided outpatient abortion services. Not surprisingly, her appointment prompted widespread opposition and claims that the government was anti-family.¹¹ Despite the controversy, Siedlecky's initial six-month contract became a permanent appointment, which lasted 12 years and spanned the Whitlam, Fraser and Hawke Governments.¹² Working with few resources and often in a less than sympathetic environment, she would provide support, guidance and policy direction for all members of the Australian family planning movement and provide them with greater stability than might otherwise have been the case.¹³

In 1975, the system of payment to the FPOs changed when the government introduced the universal health insurance scheme Medibank, which covered all services provided by doctors, including abortion and sterilisation.¹⁴ The FPOs now received funding from two different departments. 'Non-clinical' services such as education and professional training were paid for by the Department of Social Security through the Family Planning Program, while 'clinical' services were covered by the Department of Health through Health Program Grants.¹⁵ Under the new arrangement, FPOs no longer had to charge fees, so that the pressure to recruit members for financial reasons dissipated.

¹⁰ Stefania Siedlecky, 'Towards a national policy on family planning', *Health: Journal of the Australian Department of Health* 25, no. 1 (1975): 1.

¹¹ Siedlecky and Wyndham, *Populate and perish*, 87, 137.

¹² Noelene Nagy, 'Against all odds: an immigrant's daughter who helped pioneer family planning in Australia', *People* 5, no. 9 (1998): 5-9.

¹³ FPAQ, *Sixteenth annual report 1986-87* (Fortitude Valley: FPAQ, 1987), 24. Siedlecky's involvement provides an example of the way in which Australian feminists of this era pursued close relationships with government as a means of achieving their aims. For discussion of this issue see, Sarah Maddison and Gemma Edgar, 'Into the lion's den: challenges for not-for-profits in their relationship with government', in *Strategic issues for the not-for-profit sector*, ed. Jo Baraket (Sydney: UNSW Press, 2008), 194-8.

¹⁴ Stefania Siedlecky, 'The Liberals and Medicare: can we trust Howard and Wooldridge', *New Doctor* Summer (1996/7): 3.

¹⁵ FPAQ, Minutes of Council Meeting, 21 August 1975.

Other Whitlam Government actions benefited the family planning movement by encouraging discussion, acknowledging attitudinal change and stimulating proposals to advance the sexual and reproductive health of the community. Two such initiatives were particularly significant. The Royal Commission on Human Relationships was set up in 1974 to inquire into and report on all aspects of family and sexual relationships relevant to the powers and functions of the Australian Government. The RCHR fostered discussion of social and technological change and aimed to determine how the state might help improve the quality of relationships, particularly in areas where policy and laws lagged behind changes already taking place in the community. The terms of reference included consideration of relationships and sexuality; responsible parenthood; sexuality and family planning education for professionals and the general community; sex education in schools; adequacy of family planning facilities; and the problems faced by women with unplanned pregnancies.¹⁶ Many of the same topics were discussed at *Women's Health in a Changing Society*, an international conference which was funded by the Commonwealth Department of Health as its contribution to International Women's Year. Held at the University of Queensland in August 1975, the Conference aimed at giving all sections of the community an opportunity to identify women's health needs, examine the adequacy of existing approaches to health care and determine the best course of action for the future. Over 200 professional and lay speakers delivered papers to some 950 delegates, among whom were many from the family planning movement.¹⁷

Australian Federation of Family Planning Associations

Greater involvement by the Federal Government translated into a major upheaval in the family planning community. In February 1973, when the government declared its intention of supporting the extension of services, FPOs had already been established in New South Wales (1926), Victoria and South Australia (1970), Queensland, Western Australia and the ACT (1971) and Tasmania (1972). Along with the promise of financial support, the government stipulated that each state or territory should have its own association and that there should be a national policy-making body through which funding could be channelled.¹⁸ As the Northern Territory was the only region without an FPO, in May 1973 the government funded the establishment of the Family Planning Association of the Northern

¹⁶ Royal Commission on Human Relationships, *Final Report*.

¹⁷ Commonwealth Dept of Health and Australian National Advisory Committee for International Women's Year, eds., *Women's Health in a Changing Society*.

¹⁸ Siedlecky and Wyndham, *Populate and perish*, 174.

Territory.¹⁹ The formation of a national body proved to be much more problematic. One of the difficulties was that for most of its history, FPAA had taken on a dual role, providing services to the people of New South Wales, while at the same time endeavouring to coordinate family planning activities nationally. These roles were now required to be undertaken by two separate organisations.²⁰

In March 1973, FPAA formed a National Council made up of representatives from all FPOs to consider how this might be achieved. The Council decided that the dilemma could be resolved by creating a new FPO for New South Wales and legally constituting FPAA as the national body. After a year of preparation, the Family Planning Association of New South Wales was incorporated in July 1974. This was followed one year later, not by FPAA, but by the Australian Federation of Family Planning Associations. AFFPA's role was to promote family planning, advocate legislative and social reform, coordinate national programs in education, training and research, and participate in the central and regional activities of IPPF.²¹ With the Federal Government already being the major funding body for the FPOs, from this point on, they would become increasingly accountable to it and their activities subject to the policies and fiscal arrangements of whichever party was in power.²²

The transition to AFFPA was hard fought and acrimonious and led to the demise of Vimy Wilhelm who had done so much to transform the family planning movement in Australia. Disquiet had been building among New South Wales members who believed there was too great a focus on the medical profession and establishment of clinics at the expense of the social aspects of family planning. Critics perceived the Association to be promoting itself to middle class women rather than 'the deprived, the inarticulate, or the socially incompetent'.²³ They suggested it needed to 'get out into the biscuit factories, the large retail stores, the railway workshops, the schools and help educate people in responsible parenthood'.²⁴ Women's Electoral Lobby urged members to join FPA/NSW and vote for change along feminist lines. They obliged and gained control of the Board at the 1974-75 AGM. Wilhelm was voted out of FPA/NSW and therefore was ineligible to be a member of the National Council of the new federation.²⁵ In recognition of her pioneering contribution, she was invited to be

¹⁹ *ibid.*, 204.

²⁰ *ibid.*, 174.

²¹ AFFPA, *Annual report 1973-74* (Sydney: AFFPA, 1974); AFFPA, *Annual report 1974-75* (Sydney: AFFPA, 1975).

²² Siedlecky and Wyndham, *Populate and perish*, 174-75.

²³ Dorothy Simon, 'Clinics', Letter to the Editor, *Australian*, 8 July 1974.

²⁴ 'Challenge to family planning', unidentified newspaper clipping, in FPAQ folder, Early Days, Box 4.

²⁵ Wendy McCarthy, *Don't fence me in* (Milsons Point: Random House Australia, 2000), 109-10.

patron of the new body.²⁶ She accepted, but within a short time, calls were being made for her role to be clarified. The Federal Council felt that she was inappropriately exercising authority and interfering with the running of AFFPA. Her activities in IPPF were also being questioned. In November 1976 the National Council reluctantly but unanimously decided that ‘There is a time to come, and a time to go’ and Wilhelm left the family planning movement shortly after.²⁷ By this stage, however, her work was done.

The national body was in place and, although not trouble-free, it continued to offer guidance to the FPOs as they expanded rapidly in all parts of Australia.²⁸ Clinic services were now free and widely available and professional training programs were well-established and growing in popularity. Following a recommendation from the National Health and Medical Research Council in 1975, that training in family planning be incorporated into the education of health professionals, the Royal Australian College of Obstetricians and Gynaecologists and the Royal Australian College of General Practitioners agreed to incorporate the subject into their courses. They accepted the AFFPA Certificate in Family Planning for accreditation and thereby legitimised the work of the FPOs and assured them of a major training role in the future.²⁹ The importance of education, information and promotional services had also gained recognition, stimulated by the lobbying efforts of IPPF and AFFPA and Wilhelm’s championing of these issues through events such as *Family planning, population education issues*, a Summer School which was held in 1974 to mark UN World Population Year.³⁰

Despite the reforms implemented by the Whitlam Government, legal impediments to the provision of family planning remained. In 1973 and 1974, FPAA published two volumes on family planning and the law, the end result of an IPPF-funded project which had begun well before the election.³¹ The study provided a comprehensive checklist of Australian laws which had a direct or indirect impact on family planning. It also included an overview of the policies and approaches of a wide range of government, medical, religious, political and community organisations with an interest in sexual and reproductive

²⁶ Siedlecky and Wyndham, *Populate and perish*, 175.

²⁷ Muriel Wilson, Confidential report to FPAQ Executive Committee, 1 November 1976.

²⁸ See for example, AFFPA, Suggested Family Planning service guide, 1975, in-FPAQ folder, FPAQ and AFFPA, Box 4.

²⁹ AFFPA, *Annual report 1974-75*, 4; Siedlecky and Wyndham, *Populate and perish*, 175.

³⁰ R. H. Cochrane, ed., *Family planning, population education issues in Australia: the proceedings and discussions of the First Summer School on Family Planning* (Sydney: Australia and New Zealand Book Co., 1974).

³¹ H.A. Finlay and Sandra GlasBeek, *Family Planning and the law in Australia. Part A. Primary family planning legislation*. (Sydney: FPAA, 1973); H.A. Finlay and Sandra GlasBeek, *Family Planning and the law in Australia. Part B. Secondary family planning legislation* (Sydney: FPAA, 1974). IPPF established a panel on Law and Planned Parenthood in 1976 to provide members with assistance in this area, AFFPA, *Annual report 1975-76* (Sydney: AFFPA, 1976), 8.

health. Compiling the report was no easy task, given that it involved examining and comparing national laws and those of the eight states and territories of Australia.³² As a follow-up, AFFPA hosted a Symposium on Family Planning and the Law at Monash University in July 1976 to assess progress and identify future needs.³³

Although the Labor Party was in office for less than three years, its actions propelled the family planning movement forward and enabled the individual FPOs to establish themselves as significant contributors to public and preventive health. Its progressive reforms helped break down medical, legal and attitudinal barriers, while its financial support enabled the FPOs to professionalise, consolidate services and extend their reach. Importantly, government support added authority to their operation. By forcing the creation of a national secretariat, establishing the Family Planning Program and installing Siedlecky as its adviser, the Whitlam Government left a legacy which would prove difficult for subsequent regimes to dismantle.

The FPOs benefited enormously from affiliation with IPPF, which by this time had been transformed from a privately-financed network run by volunteers into a powerful, well-funded federation and effective facilitator of services in many countries. With more than 80 members, it had an operating budget of almost \$30 million, most of it provided by governments. It had become more professionalised and bureaucratised and was continuing to strengthen its position as the leading world authority on family planning and related population issues.³⁴ Having consultative status with UNESCO and other international bodies allowed it to have input into deliberations, treaties and policies relating to family planning and women's health issues at the highest levels; and through collaborations with WHO, Federation members were involved in the development of joint projects, contraceptive research and the provision of advisory services for governments worldwide.³⁵ IPPF's program of assistance to members incorporated personal visits, grants, conferences, research, advisory bodies and an active publishing program. It distributed general guidelines, newsletters, medical and research bulletins, clinical handbooks and audio-visual materials which formed the nucleus of the libraries which all FPOs established. Australian family planners also gained valuable experience by participating in IPPF conferences, expert committees, advisory bodies and regional meetings. In addition to the many

³² Finlay and GlasBeek, *Family Planning and the law in Australia. Part A.*, ii.

³³ AFFPA, *Annual report 1975-76*, 10.

³⁴ IPPF, *IPPF and the world*; Foley, Non-governmental organizations as catalysts, 113-55.

³⁵ IPPF, *IPPF and the world*, 15-6.

practical benefits that flowed from IPPF, the whole of the Australian Federation gained from the legitimacy which was conferred by membership of this influential network. After the Red Cross, IPPF had become the second largest non-government organisation in the world.

Family Planning Association of Queensland

Between 1973 and 1976, FPAQ consolidated its position and grew to become one of the most successful of the Australian FPOs. While all state and territory associations thrived under the Whitlam Government, Queensland was unique in establishing a network of branches in regional areas. By mid-1976 it was offering services in Cairns, Townsville, Rockhampton, Southport, Ipswich and Mt Gravatt and was second only to FPA/NSW in the numbers of patients being seen in its clinics. It had also established a blueprint for the future in terms of professional training, 'education, information and communication' services, governance and administrative procedures. FPAQ was no longer dependent on volunteer workers but instead was employing more than 90 people.³⁶

Management and finances

Such rapid expansion was made possible by generous grants from the Queensland and Australian Governments. In 1973, each contributed \$7,000 to FPAQ, rising in 1975-76 to \$50,000 from the state and almost \$183,000 from the Commonwealth. While the State Government did not stipulate the way in which funds should be applied, FPAQ focused on 'non-clinical' services in its applications for funding. This was to complement Commonwealth grants which specifically targeted clinic and professional training services and approved capital costs. Although the level of government funding meant that FPAQ was no longer dependent on membership fees as a major source of income, it joined the other FPOs in successfully arguing the case for retaining them. Other sources of self-generated income included clinic fees and sales of literature and contraceptives.

While FPAQ was appreciative of the increased levels of funding, it nonetheless faced regular crises as, for example, in September 1974 when it was unable to honour salary cheques because the State Government grant failed to arrive on time.³⁷ As early hopes of regional self-sufficiency faded, FPAQ finances were also strained by the calls the branches made for assistance and the need to maintain and upgrade premises in seven rapidly growing centres.

³⁶ AFFPA, *Annual report 1975-76*, 32.

³⁷ AFFPA, *Annual report 1974-75*, 17.

FPAQ had a strong, hard-working Council which met quarterly to formulate policy and deal with the many issues that arose as the organisation grew. In February 1974, in recognition of the need to make speedier decisions and expedite action, it appointed a seven-member Executive Committee.³⁸ The Council and the Executive faced many difficulties as they moved into uncharted waters and grappled with issues relating to governance, finances, service delivery, staff training, expansion of branches, membership of the Federation and legal impediments imposed by the State Government. The Articles of Association were modified from time to time to ensure that activities were legally sanctioned and working effectively. In the interests of continuity and rejuvenation of the Council, adjustments were made to provide for the resignation of a third of members at each annual general meeting, with Councillors having the option of putting themselves forward for re-election.³⁹ Through this measure it was also hoped that FPAQ might guard against hostile takeovers.

Not all states were as fortunate with their governing bodies. FPA/NSW suffered from upheavals caused initially by the creation of the secretariat and then the feminist takeover of the board. The fallout from the rancorous battle was exacerbated when it was found that the new board had inherited a large debt for which members might have been personally liable.⁴⁰ In Western Australia, commitment from the Council left a lot to be desired. This was reflected in AFFPA's annual report for 1973-74 in which a frustrated Honorary Secretary Dr Margaret Hainsworth wrote: 'I would like to see the whole Council take a much greater interest in the Association's affairs. The same faithful few do the work while the rest content themselves with a monthly cup of coffee and a sandwich'.⁴¹ Those running the Northern Territory Association battled initially against problems posed by servicing widely-dispersed Aboriginal communities and then by the devastation caused by Cyclone Tracy in December 1974.⁴²

A change of FPAQ leadership occurred at the end of 1973 when Dr Alan Blunt resigned to take up an academic post in Britain. The Council acknowledged his 'monumental contribution' at the November meeting and wished him well for the future.⁴³ He had been the driving force in the establishment of the

³⁸ FPAQ, Minutes of Council Meeting, 14 February 1974. Members were Drs John Campbell and Lionel Sapsford, Marjorie Millburn, June Morris, Muriel Wilson, Mr S. J. Lange, Prof. Geoffrey Richards.

³⁹ FPAQ, Minutes of Annual General Meeting, 22 October 1975; Amendment to Articles of Association (Article 22) approved by the Crown Law Officer, 22 August 1975, in FPAQ, Memorandum and Articles of Association of FPAQ.

⁴⁰ Siedlecky and Wyndham, *Populate and perish*, 181.

⁴¹ AFFPA, *Annual report 1973-74*, 40.

⁴² Siedlecky and Wyndham, *Populate and perish*, 204.

⁴³ FPAQ, Minutes of Council Meeting, 5 November 1973.

organisation and, despite having been absent for six months, had been instrumental in shaping and guiding the Association's early development. Blunt had been the catalyst around which many and varied forces had coalesced and made family planning services in Queensland a reality. He stimulated interest in metropolitan and regional areas and deliberately sought the involvement of an unlikely but representative group of people, who shared common goals and were prepared to work hard to achieve them. He had brought the medical profession, politicians and an assortment of lay people along with him and helped mould an organisation which would be compatible with the conservative Queensland environment. In keeping with his belief that women should play a major part, he had been supportive of Millburn as she managed the day to day operation of the Association and groomed her to make a broader contribution. Although Blunt was succeeded as Chairman by Dr John Campbell, from this point on, it was Millburn who took the leading role.

Millburn's position was strengthened by the findings of an organisational review which was conducted by Donald McLeod Consulting Services shortly after Blunt departed. By this time FPAQ's situation was much more complex than it had been a year earlier. Fortitude Valley services were expanding rapidly and four branches were in the throes of putting down roots, setting their own agendas and calling on the Council for additional financial assistance. Money was still in short supply, machinations at the national level were unsettling for the Council and it was grappling with internal challenges. Initial plans for branch autonomy were being revised in the light of their uneven development, difficulty of standardising services and conditions of employment, and government demands for more stringent reporting. In commissioning the review the Council sought advice on FPAQ's organisational structure, salary scales and future direction.⁴⁴

A major outcome of the review was the creation of two new positions. The role Millburn had already been fulfilling was reclassified 'Administrator'. This encompassed day-to-day management of all branches and participation in Council and Executive Committee meetings. The 'Clinic Supervisor' position was designed to ensure that those running the branches would be directly accountable to the Administrator rather than to local committees, as had previously been the case. Clinic Supervisors were appointed in Brisbane and Townsville initially, and then in all branches. In centralising administration, the Council rationalised that its actions were in line with the direction that was being taken nationally,

⁴⁴ FPAQ, Minutes of Council Meeting, 2 May 1974.

where AFFPA was being formed to meet the Commonwealth Government's requirement that it deal with one authorised body.⁴⁵

FPAQ participated in the activities of the Australian and international federations. Muriel Wilson represented the Association on the National Council from 1973 until her retirement in 1981; National Medical Advisory Committee meetings were attended by eminent doctors, usually the Chairman or his nominee; and Dr Alan Blackshaw became a member of the Biological Sciences Committee in 1976, a position he held continuously for 18 years. Occasional opportunities arose for individuals to participate in international activities and gain valuable experience and contacts. Such was the case in 1976 when Marjorie Millburn was sponsored to attend an IPPF Management Workshop in Hong Kong.⁴⁶

Clinic and professional training services

The Association continued to focus on clinic and professional training services. With all branches experiencing rapid growth, the number of consultations increased from 1,947 in FPAQ's first full year of operation to almost 18,000 in the year to June 1976. Given that clinicians required specialist knowledge and skills, development of training programs was a priority. FPAQ's initial aim had been to train its own doctors and nurses to run clinics, a major challenge given the lack of finances and expansion of branches. The best it could do during 1973 was train one doctor and one nurse from each centre and rely on them to mentor their colleagues.⁴⁷ From 1974, increased government funding and implementation of the Family Planning Program boosted the Association's capacity in terms of training, not just for its own staff but also for a range of other professionals.

Nursing programs took off, given impetus by initiatives such as the Instructing Nurses Workshop, which FPAA organised to 'train the trainers', and the Commonwealth Government's Community Health Program.⁴⁸ Under the CHP, nurses were broadly trained to work in remote areas of the state where doctors were scarce. In a significant development, FPAQ was funded to run a course for a large group of these nurses in 1975. The course was well received and repeated a number of times before becoming a compulsory requirement for this group.⁴⁹ Morris also developed a more comprehensive program for nurses wishing to work in family planning clinics. Four such courses were run in

⁴⁵ FPAQ, Minutes of Council Meeting, 16 September, 1974.

⁴⁶ FPAQ, Minutes of Council Meeting, 22 October 1975.

⁴⁷ FPAQ, Minutes of Council Meeting, 22 February 1973.

⁴⁸ FPAQ, Minutes of Council Meeting, 9 February 1974.

⁴⁹ FPAQ, *Fourth annual report 1974-75* (Fortitude Valley: FPAQ, 1975), 9; Morris, *Family Planning story*, 30.

Townsville and Brisbane during 1975-76, between them attracting 36 participants. At this time, Morris also began giving lectures on family planning to trainee midwives, third year nursing students and nurses' aides studying at metropolitan and regional hospitals.⁵⁰ In doing so she sowed the seeds of what would become yet another thriving area of FPAQ's work, tertiary education of nurses.

Doctors' training took longer to get going due to the fact that a uniform program was to be offered by all FPOs and accreditation was being sought from the RCOG and the RACGP. Once this was achieved, Dr Jill Morrison ran the first Certificate Course in Contraception and Family Planning for 27 doctors at the Brunswick Street rooms in November 1975. Six months later a second course in Townsville attracted 34 North Queensland doctors. Morrison was assisted by Instructing Doctors Jane Howard, Pamela Chick and Mary Ellwood in Brisbane and Jennifer Richardson and Robin Hunter in Townsville. In another significant development the Association provided clinical training for 156 doctors with funding provided through the RACGP Family Medicine Program, a Federal Government initiative to help women doctors re-enter the workforce.⁵¹

AFFPA contributed to the medical training program by running a National Symposium on Recent Advances in Family Planning. Topics included communication techniques, sexuality and the handicapped and psycho-sexual counselling. The Biological Sciences Committee also contributed by staging biennial symposia. The aim of these was to provide opportunities for family planning professionals to be alerted to and discuss the latest research in reproductive biology and consider its application to contraceptive technology and clinical practice.⁵²

Not all FPAQ initiatives were successful. Having opened a clinic in the socially disadvantaged suburb of Inala in March 1973, FPAQ reluctantly disbanded it 17 months later due to lack of patronage.⁵³ It was also frustrated in its efforts to contribute to the welfare of indigenous Australians. When the Department of Aboriginal and Islander Advancement advertised for nursing sisters and field workers, FPAQ offered to provide training in family planning for the appointees who often found themselves the only health workers in isolated areas. The Department declined the offer with the explanation that the Advisory Council had already considered matters of family planning and decided that patients could

⁵⁰ FPAQ, *Fifth annual report 1975-76* (Fortitude Valley: FPAQ, 1976), 9.

⁵¹ *ibid.*

⁵² AFFPA, *Annual report 1975-76*, 2-3, 9.

⁵³ FPAQ folder, Inala Clinic, Box 4.

seek advice from doctors. It cryptically added that 'Council expressed perturbation by [sic] any program that could be regarded as an attempt to educate the Aboriginal community generally'.⁵⁴

Legal uncertainty and the State Government's stance on vasectomy and abortion continued to inhibit the provision of clinic services in both areas. In 1975, the Health Department had warned hospital superintendents that sterilisation operations were unlawful and not an acceptable means of contraception.⁵⁵ Despite this, the Association continued to lobby the government to clarify the law and openly directed clients to the Humanist Society's referral service. On the issue of abortion referrals, it was not as open. For women who indicated they wished to proceed with abortion or adoption or were uncertain about what to do, FPAQ's practice was to give them the contact details of their own doctor, the Catholic Pregnancy Help and Children by Choice, all of whom could provide further counselling.

Prompted by the Levine ruling, Children by Choice had set up a service for women with unplanned pregnancies whereby social worker Liz Passmore and Dr Trevor Sauer offered counselling, practical assistance and referral to interstate practitioners if they were less than twelve weeks pregnant. This resulted in thousands of women accepting the cost and trauma of travelling to Sydney for the operation.⁵⁶ Bulk bookings were made with Ansett Airlines, which offered one free flight in every ten for Children by Choice to use for training purposes or to assist disadvantaged clients. In 1973, June Morris accepted the offer of one of these flights and visited the clinic, which impressed her in terms of counselling and care.⁵⁷ Although the FPAQ clinics did provide post-abortion care, the Association continued to tread carefully, remain silent and avoid confronting the issue. With few exceptions, Children by Choice received very little support at this stage and largely stood alone in the face of fierce opposition from the Bjelke-Petersen Government, church groups, conservative journalists, the well-organised Right to Life and many in the community.⁵⁸

Children by Choice was just one of a number of women's groups which regularly came under attack in Queensland. Celebration of International Women's Year in 1975 put the focus on feminism and

⁵⁴ Siedlecky and Wyndham, *Populate and perish*, 147-8.

⁵⁵ *ibid.*, 49. A Department of Health circular reiterated that sterilisation was unlawful unless there was an accepted benefit to the physical or mental condition of the patient and that the desire to avoid the responsibility of pregnancy was not an adequate justification for the procedure.

⁵⁶ In 1976, Children by Choice counselled 3,819 women, most referred by doctors and the majority subsequently having abortions in Sydney, Fryer Library, UQ Library, Holmes and Irwin, *History of Children by Choice*, 8-11, 29.

⁵⁷ Morris, *Family Planning story*, 23.

⁵⁸ Fryer Library, UQ Library, Holmes and Irwin, *History of Children by Choice*, 11.

sparked a right-wing backlash. The Premier's wife, Florence Bjelke-Petersen, insisted that women's liberation was unnecessary as women were already liberated. Journalist Sylvia da Costa Roque described feminists as 'unkempt, uncouth, uncaring...howling she-wolves of women...frightening shrieking harridans and foul-mouthed daughters of hell [who] looked dirty even if they weren't'.⁵⁹ When the Brisbane Rape Crisis Service was opened by a sub-committee of Women's House,⁶⁰ it was vehemently opposed by conservative women's leaders such as Gabby Horan in her role as State President of the Queensland Housewives Association, Barbara Bowers, Secretary of the Women's Action Group, and Vilma Ward, social activist and housewives' champion. Similarly the opening of the Women's Health Centre and the Townsville Women's Shelter the following year led state Liberal parliamentarians including Dr Arthur Crawford to describe them as 'hotbeds of Marxist propaganda' which had been taken over by 'fringe lunatics' and 'lesbian-oriented persons'.⁶¹ Ironically, many of these critics, who were so vocal in their attacks on feminists and what they stood for, were staunch supporters of FPAQ. In particular, Horan had played a critical role in funding and promoting the establishment of the Association; on more than one occasion, da Costa Roque had obliged by projecting a positive image in her *Sunday Mail* column; and the backing of the parliamentary and organisational wings of the Liberal Party had been indispensable.

Information, Education and Communication services

In addition to her nursing work, Morris took responsibility for the growing area which IPPF and AFFPA labelled 'Information, Education and Communication'.⁶² 'Information' services supplemented and supported all work areas through the collection, production and distribution of print and audiovisual resources. The purpose of 'Education' was to offer instruction in matters of family planning to members of the community. More broadly, the aim of 'Communication' services was to operate at a social marketing level, using the mass media for advocacy purposes, to publicise services offered by the FPOs, motivate people to use them and promote attitudinal and behavioural change.

To highlight the importance of these services and provide practical assistance in their development, IPPF sponsored AFFPA to run a national workshop for Information/Education Officers in February 1976. Morris attended and helped formulate recommendations for the development of these areas. The

⁵⁹ Sylvia da Costa Roque, 'Femininity: it's a great weapon', *Courier-Mail*, 26 October 1975.

⁶⁰ For a brief history of Women's House, see Carole Ferrier and Dianna Fuller, 'Women's House: 54 Browning Street West End', in *Radical Brisbane*, ed. Evans and Ferrier, 285-90.

⁶¹ Mills and Duffield, 'Rape crisis services in Queensland', 200-02.

⁶² FPAQ, *Fifth annual report 1975-76*, 10.

consensus was that, as education was essential in shaping attitudes and motivating people to use services, it should be prioritised in all programs and applications for funding. The group highlighted the need to work cooperatively with the media, marketing groups, social, ethnic and religious groups, health and welfare personnel, educational institutions, ‘opinion leaders’ and those working with disadvantaged groups. They also recommended sharing of resources between FPOs, with AFFPA acting as a central distribution agency. In response to contemporary controversies and confusion surrounding instructions for using the pill, they suggested that AFFPA approach the pharmaceutical companies with an offer to help design a simpler packaging insert.⁶³

IPPF’s sponsorship of this workshop was most likely stimulated by the outcome of a WHO meeting which was held the previous year. It resulted in the first internationally accepted definition of *sexual health* as ‘the integration of the somatic, emotional, intellectual and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication, and love’.⁶⁴ The underpinning tenets were a capacity to enjoy and control sexual and reproductive behaviour; freedom from fear, shame, guilt and false beliefs; and freedom from disorders and diseases impairing sexual and reproductive functions.⁶⁵ The definition extended the concept of sexual health beyond the earlier medical focus on prevention of unplanned pregnancy and sexually transmitted diseases. It incorporated social factors necessary for ‘the enhancement of life and personal relationships’. In terms of ‘preventive and curative health services’, it highlighted the need for people to have access to information on all aspects of sexuality to help them develop positive attitudes and openness to discussion of sexual matters. It also emphasised the importance of education and training for health personnel who should be understanding of their clients’ needs, knowledgeable and capable of dealing with complex issues of sexuality. The new definition and discussion surrounding it provided a base on which IPPF, family planning and other organisations would build for the rest of the century.⁶⁶ That the message quickly filtered down to FPAQ is evident in a conference presentation made by June Morris in

⁶³ *ibid.*, 2.

⁶⁴ World Health Organization, *Education and treatment in human sexuality: the training of health professionals. Report of a WHO meeting* (Geneva: WHO, 1975), 6-7.

⁶⁵ D. R. Mace, R. H. O. Bannerman, and J. Burton, *The teaching of human sexuality in schools for health professions* (Geneva: WHO, 1974), quoted in *ibid.*, 6.

⁶⁶ Weston M. Edwards and Eli Coleman, ‘Defining sexual health: a descriptive overview’, *Archives of Sexual Behavior* 33, no. 3 (2004): 189-95

August 1975 in which she rationalised the need for family planning nurses to receive adequate training in sexuality and made reference to related WHO publications.⁶⁷

Community education services took off to the extent that, by 1976, FPAQ was responding to thousands of requests for advice, information and education. Although initially these had been seen as a way of advertising the clinics and were provided in a piecemeal way, demand led the Association to embrace them as being important in their own right. This position was strengthened by the recommendations of the Commissions of Inquiry into the Status of Women in Queensland (1973) and Youth (1975), both of which recommended the introduction of school sex education and endorsed the value of such programs in preventing pregnancy and abortion and enhancing the quality of people's lives.⁶⁸ Speakers at *Women's Health in a Changing Society* endorsed these activities and highlighted the need for a range of professionals to be trained as educators.⁶⁹ In the background, the topics of sex education, abortion and professional training were central to the deliberations of the Royal Commission on Human Relationships to which the FPOs had made a joint submission and whose findings would subsequently endorse their approach to community education.

In mid-1976 Morris's position was upgraded to full-time. At this stage, she faced many challenges as she responded to requests from schools, kindergartens, 'sub-normal centres' and the Aboriginal and Islanders' Community Health Centre. She was also running sessions for 'girls in institutions', 'technical college boys', 'pre-marrieds', migrants, and Rover Scouts and Guides. She drew on her Marriage Guidance Council experience, applying its counselling and group discussion techniques and co-opting colleagues to meet increasing demand for services. It also held her in good stead in terms of professional training, one-to-one interactions and education of diverse groups. Both disciplines touched on the private lives of individuals and demanded a sensitive, non-judgmental approach. Importantly, contacts made through the Council formed the basis for networking with others sharing similar goals.⁷⁰

When Morris conducted FPAQ's first sex education session for people with an intellectual disability at the Challinor Centre in Ipswich, she was nervous about how she would manage this unfamiliar client

⁶⁷ June Morris, 'Family planning and fertility: the nurse's role', in Commonwealth Dept of Health and Australian National Advisory Committee for International Women's Year, *Women's health in a changing society*, Vol. 3, 117-19.

⁶⁸ Commission of Inquiry into the Status of Women in Queensland, *Report and recommendations*, 27, 32; Commission of Inquiry into the Nature and Extent of the Problems Confronting Youth, *Report and recommendation*, 33, 40-1.

⁶⁹ Commonwealth Dept of Health and Australian National Advisory Committee for International Women's Year, *Women's Health in a Changing Society*, vol.3, Part 6, Sex education, 117-19, 267-93.

⁷⁰ Morris, *Family Planning story*, 35-44.

group. As it turned out, the major distraction was not the people, but the vagaries of technology in the form of a very old projector which depended on a rubber band to drive it: 'Just as the film got going there would be a loud 'ping', the picture would disappear and the sound track would grind to an agonising halt. I would turn on the lights, hunt for the rubber band and start all over again. Each time, the assembled company would give a resounding cheer and clap loudly'.⁷¹

Young people were the focus of programs begun in 1975. FPAQ ran free courses in Brisbane-based Colleges of Further Education where hundreds of male apprentices from all over Queensland came to do theoretical training. Assisted by Marriage Guidance colleague Noela Armstrong, two films and a contraceptive kit, Morris worked at raising their awareness of contraception and ways to avoid unplanned pregnancy and venereal disease.⁷² Youth were also the focus of Action Centres which were piloted in Sydney, Melbourne and Brisbane to provide confidential, non-judgmental education and clinic services through drop-in centres.⁷³ Although the Whitlam Government had reduced the age of legal maturity from 21 to 18 in 1973, the age of consent varied from state to state and contraception for adolescents and 'young unmarried people' remained contentious.⁷⁴ FPA/Victoria confronted fierce opposition when it established an Action Centre offering the full range of services and successfully fought the Fraser Government to maintain it.⁷⁵ FPAQ chose to avoid controversy and conservatively established an Open Room, which offered discussion groups only. Although the program petered out within a year, the Association was not overly concerned, rationalising that it was meeting the needs of young people, as evidenced by the high numbers attending its clinics and a marked decrease in illegitimate births in this age group.⁷⁶ On a positive note, Open Room participants contributed to FPAQ's submission to the Inquiry into Youth.⁷⁷

FPAQ worked with other community groups in the delivery of education. In what would become a long-running collaboration with Childbirth Education Association, Morris presented regular sessions on sexuality during pregnancy and sexuality and contraception after childbirth. In 1976 she helped Children by Choice run a 'social education' course funded by the Federal Government. Designed

⁷¹ *ibid.*, 38.

⁷² *ibid.*, 44.

⁷³ Siedlecky and Wyndham, *Populate and perish*, 131.

⁷⁴ Stefania Siedlecky, 'Girls and sex: historical reflections on the age of consent', *New Doctor* 81 (2004): 26-7.

⁷⁵ Mather, *Hope is not a method*, 61-9.

⁷⁶ AFFPA, *Annual report 1975-76*, 30, 32.

⁷⁷ FPAQ, Minutes of Council Meeting, 20 February 1975.

around a series of films dealing with ‘relationships, puberty, heterosexual relations, contraception and VD’, it was piloted at Indooroopilly High School through the Parents and Citizens Association.⁷⁸

Although the school program was very well received and FPAQ continued to run it after the funding ran out, sex education in state schools was not high on its list of priorities at this stage. Given the controversies surrounding the issue and the Department’s reluctance to get involved, FPAQ left the battle to groups such as Queensland Teachers’ Union, the Council of State School Organisations, Children by Choice and Women’s Electoral Lobby.⁷⁹ The Association ran out-of-hours classes in state and private schools when invited, but in general it focused on educating parents to help them communicate more effectively with their children. Despite FPAQ’s ambivalence, Morris noted in a report to Council in 1976 that it was ‘becoming recognised as expert in the field of sex education, and this seems to be a role expected of us in a society where such education is regarded with suspicion, yet the need for it is felt and acknowledged by many’.⁸⁰



Figure 21: FPAQ at the Brisbane Ekka ca.1974. The display continued until 1978 when it petered out through lack of volunteers

FPAQ extended its community role by distributing promotional and educational literature and publicising its services. It advertised in newspapers, on the radio, at drive-in cinemas, on public

⁷⁸ Fryer Library, UQ Library, Holmes and Irwin, *History of Children by Choice*, 112, 22-3.

⁷⁹ Morris, *Family Planning story*, 48; Logan, *Sex education in Queensland*, 52-3.

⁸⁰ June Morris, *Education Report 1975-76*.

transport and through the mail order service. Staff made themselves available for radio and television interviews and talkback programs. Film discussion sessions were popular and educators also made presentations to targeted groups such as workers at the Golden Circle Cannery. Morris kept the contraceptive leaflets up to date and these were distributed to clinic clients and course participants. She also expanded the bookshop and built up a library of books, articles, films, slides and audiotapes, most of them supplied by IPPF and AFFPA. So-called 'experimental' displays were mounted in large new shopping centres and, in a novel promotional move, FPAQ set up a caravan at the Brisbane Exhibition and Royal Ipswich Show. While the rationale for the van was that if people wanted to discuss intimate matters they could do so in private, staff found that crowds went to the show to enjoy themselves, not to discuss their problems. Much more successful was the new 'Wendy house...on a frame, with a royal blue canvas top...our own little place that we could tie down at night'.⁸¹

Establishment Achieved

By mid-1976, the Council recognised that the establishment phase of the organisation was over. FPAQ was firmly entrenched in Brisbane and, after tentative beginnings, its regional branches were starting to thrive. The Chairman reported that the Association could not keep on expanding clinic services and that 'the prudent course for the immediate future' was to consolidate already established centres and focus on expansion of education and training services.⁸² FPAQ's development to this point had been shaped by the actions of individuals, membership of the national and international federations, Whitlam Government initiatives and the Queensland environment in which the Association was established.

Although Blunt and Millburn had made outstanding individual contributions, the commitment and combined efforts of Council members and staff throughout the state had helped FPAQ become one of the most successful of the Australian FPOs. They had built on foundations laid by the Family Planning Association of Australia and then the Australia Federation of Family Planning Association and shaped the organisation into a workable unit. Despite the damaging effects of AFFPA's creation, it had become an essential cog in the family planning wheel. It was the central policy making body, the intermediary between IPPF and the individual FPOs and the conduit for funding and directives from the Australian Government. All the while AFFPA and its members benefited from the strength and

⁸¹ Bannah, ed., *Family Planning Queensland*, 27.

⁸² AFFPA, *Annual report 1975-76*, 33; FPAQ, *Fifth annual report 1975-76*, 11.

leadership of International Federation which linked them with developments that were emerging more broadly. Through affiliation with equally prominent organisations, IPPF was involved in shaping the field internationally and identifying areas of future concern. It kept members up to date with advances in contraceptive technology, provided them with practical assistance to meet their goals and through accreditation processes ensured they met agreed standards.

FPAQ and all members of the Australian family planning movement were boosted by the actions of the Whitlam Government. Its support had been pivotal to their progress, not just financially, but also in terms of the social and legal reforms that it implemented, the attitudinal change that it stimulated and the legitimacy that accrued from official sanctioning of family planning activities. Although the importance of initial Queensland Government funding to FPAQ's early efforts should not be underestimated, the level of investment was quickly superseded by that of the Federal Government. Having assumed the role of dominant funding body it also took steps to ensure that the individual associations were better supported and more accountable to it. The Federal Government had become an active participant in the field and, as a means of delivering on its promises, had a direct interest in maintaining service delivery by the FPOs.⁸³ Establishment of the Family Planning Program, formation of AFFPA and installation of Stefania Siedlecky as Health Department advisor enabled the FPOs to consolidate gains already made and set the course for the future.

Although in many respects FPAQ developed in parallel with its interstate counterparts, each was established and evolved in distinctive ways which were in keeping with the motivation of the founding bodies, the influence of individuals and the nature of local environments.⁸⁴ FPAQ had the greatest focus on services provided by doctors. This was consistent with its origins in the medical establishment, the conservative social and political environment in which it was situated, and the direction that had been set by Dr Alan Blunt as leader. Queensland was the only state where the medical profession alone took the first steps to establish a family planning organisation (see Table below). FPA/NSW also began with a strong emphasis on the provision of clinic services, but this was tempered by the involvement of feminists on the Board and on staff. They took a more radical approach, putting greater emphasis on education and the democratisation of services through the

⁸³ Walker, 'Political mobilization in America', in *Institutions in American society*, ed. Jackson, 163-87. Walker shows that government agencies can have a direct interest in maintaining interest groups, as they become lobbyists for the programs being funded and justify government support.

⁸⁴ The influence of 'founding conditions' and their ongoing impact on organisations are discussed in Scott and Davis, *Organizations and organizing*, 319-20.

involvement of nurse practitioners.⁸⁵ In all states the environment was conditioned by the abortion law reform movement but only in Queensland were ALRA members kept at arm's length for fear that they would create a backlash. The medically-oriented style of organisation which Blunt proposed to the public meeting in 1971 was thriving in slightly modified form at the end of 1976. It would persist with very little change until the end of the twentieth century.

Figure 22: Organisations responsible for initiating Australian FPAs

Racial Hygiene Assoc (1926) and hence FPAA and FPA/NSW	Women's Reform League
FPA/South Australia (1970)	National Council of Women, Medical Women's Association of SA ⁸⁶
FPA/Victoria (1970)	National Council of Women ⁸⁷
FPA/Western Australia (1971)	Abortion Law Reform Association, Aust Federation of Women Voters ⁸⁸
FPA/Queensland (1971)	AMA Postgraduate Medical Education Council, Royal Australian College of General Practitioners, University of Queensland Postgraduate Education Committee
FPA/ACT (1971)	Women's Liberation ⁸⁹
FPA/ Tasmania (1972)	Australian Association of University Women Graduates, Australian Association of Social Workers ⁹⁰
FPA/Northern Territory (1973)	Commonwealth Government ⁹¹

The State Government exerted a powerful force on FPAQ. While Liberal Party insiders garnered the political and parliamentary support which was crucial to its establishment, overall, the Bjelke-Petersen Government was obstructive and divisive and its influence was disproportionate to the comparatively small amount of funding it provided. With little option but to work within the existing social, political and legal environment, the Association pursued a conservative path as a means of avoiding conflict and keeping the door open for change. By being inclusive of disparate moderate views and setting FPAQ up as a medical service which aimed to prevent the need for abortion, FPAQ's founders succeeded in minimising opposition and substantiating its cause.

⁸⁵ Siedlecky and Wyndham, *Populate and perish*, 181-4.

⁸⁶ Ripper, Analysis of development of birth control advocacy, 62; Siedlecky and Wyndham, *Populate and perish*, 184.

⁸⁷ Mather, *Hope is not a method*, 3; Siedlecky and Wyndham, *Populate and perish*, 188.

⁸⁸ Rodgers, *Doing it better*, 7; Siedlecky and Wyndham, *Populate and perish*, 191.

⁸⁹ Gray, *Twenty-five years of service*; Siedlecky and Wyndham, *Populate and perish*, 196-99.

⁹⁰ Siedlecky and Wyndham, *Populate and perish*, 200.

⁹¹ *ibid.*, 204.

While the conservatism of Queensland undoubtedly contributed to a medical focus and cautious approach, the geography and decentralised nature of the state led to the emergence of FPAQ's most distinguishing characteristic, which was a network of regional branches. With no precedents to follow, FPAQ developed its own system of managing six branches which spread from Cairns to the Cold Coast and west to Toowoomba. The growth of these centres and the challenges they posed for the management team are the focus of the following chapter.

Chapter Five:

Reining in the branches 1972-76

*Decentralized organizations where subunits pursue local rather than global objectives perform better on global criteria than organizations structured so that all units try to pursue global objectives*¹

Almost as soon as FPAQ opened its first clinic, the Council began fielding calls from individuals wanting advice on starting family planning services in their own regions. Between April 1972 and September 1973, branches were established and clinics opened in Cairns, Rockhampton, Townsville and Southport. By March 1976, Mt Gravatt and Ipswich had followed suit.

As each branch has its own story of origins and early development, these are briefly outlined, then analysed to shed light on a number of questions. What led to the emergence of branches? What did they have in common and how did they differ? What do they tell us about the people who started them and about the nature of regional Queensland? How were they organised and managed? What impact did they have on FPAQ as a whole? And finally, why was FPAQ unique among the FPOs in establishing a network of substantial, enduring branches so early in its history?

Growth of the Branches

To understand the development of the branches, it is necessary to have a broad understanding of the Queensland environment in which they were established. In *Populate and Perish*, Siedlecky and Wyndham note that FPAQ has traditionally faced two major problems: 'geographical distance and the general conservatism of the political and social environment, especially in the area of sexuality'.² The conservative political and social environment has been shown to have had an impact on the emerging organisation. In examining the early development of the branches, it becomes evident that regional variations also played a part and that the size and decentralised nature of Queensland posed particular problems for the Association.

¹ Jackson, ed., *Institutions in American society*. 15.

² Siedlecky and Wyndham, *Populate and perish*, 193.

FPAQ originated in Brisbane, which differs from every other mainland capital city by containing less than half of the State's population.³ Located in the south-east corner of Queensland, Brisbane is further from Cairns than it is from Melbourne, and closer by far to Hobart than the Torres Strait Islands. Politicians of all persuasions agree on the difficulties posed by the state's size and the spread of its population. In 2007, in defence of the Commonwealth Government's practice of allocating a greater share of Goods and Services Tax to Australia's two largest states, Prime Minister John Howard acknowledged Queensland's special needs when he said:

It's true that Queensland in particular and Western Australia to a lesser extent, get greater than 100 percent of the dollars that are contributed in GST from their states. But it is also true, and it is particularly the case with Queensland that it's more expensive to maintain services in that state, because firstly it's a very big state, and secondly, it's very decentralised.⁴

In *Living Politics*, former Townsville-based Labor politician Margaret Reynolds regularly refers to the vastness of the state, the sense of isolation felt by those living outside the main centres of population and power and the difficulty of servicing their needs. She also highlights the high proportion of Aboriginal and Torres Strait Islanders living in coastal towns in North Queensland, many having moved there after being dismissed from cattle stations in the wake of the 1965 Equal Wages case.⁵

Commentators offer differing views on the impact of these and other issues on the nature of Queensland and the people who live there.⁶ In 1979, University of Queensland Professor of Government Peter Boyce noted that although it was tempting to link Queensland's 'enervating climate' to the state's 'special brand of conservatism', more relevant pointers were the vast physical frontier, the ethos of economic development, and the high percentage of the population engaged in rural pursuits or resident in provincial cities.⁷ Ross Fitzgerald discusses the effect of the Queensland railway system on the nature of regionalism in Queensland. With railway lines running the length of the coast and fanning out into the interior from a series of major ports, he argues that each of those centres has a distinctive character because of the significant clusters of populations and industries that they service. He points

³ Of the 2,014,900 people living in Queensland in 1975-6, 958,800 lived in Brisbane, AFFPA, *Annual report 1975-76*, 33.

⁴ David Uren, 'PM stands firm on distribution of GST', *Australian*, 23 February 2006, 11.

⁵ Reynolds, *Living politics*, 47.

⁶ On 'Queensland difference' see Charlton, *State of mind*; Evans, *A history of Queensland*, 219-48; Fitzgerald, *From 1915 to the early 1980's*, 250-2; Fitzgerald, *Made in Queensland*, 143-70; Lunn, *Joh*, xi-xvi; Schultz, ed., *Hidden Queensland*; Moore, *Sunshine and rainbows*, x-xi, 213.

⁷ Charlton, *State of mind*, 21.

out that the strength of the primary-industry-based regions has served to counter the political power of Brisbane and at times has led to calls for the northern regions to secede from Queensland.⁸ Others also make reference to the influence of Catholicism, the state's past as a masculinist frontier society, the impact of wartime experience with American Armed Forces, and the difficulty of achieving law reform.⁹ All agree on the conservatism of postwar Queensland governments.

As FPAQ's branches were established, they reflected, or were affected by, all of these issues and developed in ways which were unique to, and expressive of, their regions. This was particularly so in the first four branches which emerged in 1972 in Cairns, Townsville, Rockhampton and Southport. All were initiated by independent groups who looked to the newly-established Association for assistance.

Cairns

The Cairns branch was the first to emerge and did so through the efforts of a group of doctors and nurses from the Base Hospital. They were led by Dr Robert Ellwood who became the city's first resident obstetrician and gynaecologist in 1964 when regional hospitals were given a teaching role. Like many others who became involved in family planning, his interest in the field was conditioned by experiences of trying to save women from the consequences of botched illegal abortions:

When I was working as Senior House Officer in Sydney, we lost two girls in one weekend with septic abortions. One was 18, the other 21. They'd been interfered with and they died in the one weekend – the two girls! That made a difference to me! When I came up here – bright young thing with the new broom – the same sort of thing happened. Within the first six to twelve months, we lost a 25-weeker. She'd been to a midwife who lived not far from here. She used to insert catheters, mostly in early pregnancy. As fast as she could put the catheters in, they'd turn up at the hospital with raging temperatures. I'd take the catheters out and try to fix them – and we lost one or two there. So that coloured the way I thought and I said, 'Well why aren't we having some sort of a family planning situation going?'¹⁰

Ellwood was also motivated by a desire to help women control the number of children they had. Having trained in New South Wales and worked in the United Kingdom, where sterilisations were

⁸ Fitzgerald, *From 1915 to the early 1980's*, 289-91.

⁹ Craig McGregor, 'Hidden power: Queensland's Catholic establishment', *National Times*, 11-17 May, 1980; Craig McGregor, 'Catholics and Queensland politics', *National Times* 18-25 May, 1980; Moore, *Sunshine and rainbows*, xi; Reekie, 'Women, region and the "Queensland difference"', 25-31; Spearritt, 'Sexual economics', 66-79.

¹⁰ Dr Robert Ellwood, interview by author, Cairns, 6 September 2007.

routinely performed, he was either naively unaware or dismissive of the contentious legal status of the procedure in Queensland, particularly in public hospitals:

You'd see a lot of women with six or eight children and you'd say 'Would you like us to fix this up?' and they'd say 'Yes, please'. So they'd be put on the operating list for the following week. Well that lasted about two weeks. I had about two weeks doing tubal ligations and then the superintendent got to hear about it and he carpeted me for it.¹¹

Ellwood wrote to FPAQ soon after the Brunswick Street clinic opened to say he wanted to start a similar service in Cairns, which at the time had a population of around 35,000 people. Within weeks, he had visited the Association to obtain advice and see the clinic at first hand. He took away a copy of the Memorandum and Articles of Association and a promise that, when the need arose, FPAQ would consider providing grants to help establish clinics outside Brisbane.¹² Ellwood acted quickly, formed an ad hoc committee, and by May 1972 had overseen the inauguration of the Cairns branch.¹³ Opening a clinic would take much longer, but in the meantime the branch held film evenings, sent out newsletters and worked to raise community awareness of family planning. The steering committee had great difficulty finding suitable accommodation for a clinic. It sought permission to use rooms at the Cairns Base Hospital but, even though the Board agreed, the Department of Health would not allow its facilities to be used for family planning purposes.¹⁴ After fruitless negotiations between FPAQ and Department officials, the Committee found an alternative location and the FPAQ Council agreed to help start the service. On 6 March 1973 the branch finally began a weekly, one-hour evening clinic in an old, rent-free building at the rear of the Wallamurra Medical Centre in Lake Street.¹⁵

Early developments were shaped by Ellwood's desire to reach disadvantaged groups and by the nature of Far North Queensland, a vast region which spread west to the Gulf of Carpentaria, south as far as Ingham and north to the Torres Strait Islands. Cairns was the major service centre for rural communities involved in primary industries such as sugar, timber, beef and dairy cattle and mining. It also served a disproportionately high indigenous population which was scattered throughout the region.

¹¹ Ibid.

¹² FPAQ, Minutes of Council Meeting, 4 May 1972.

¹³ Letter from Ellwood to FPAQ Secretary, 6 May 1972, in FPAQ folder, Early Days Cairns, Box 4.

¹⁴ Memo from Administration Officer (Public Hospitals), Department of Health, to The Manager, Hospitals Board, Cairns, 29 June 1972; Letter from Blunt to Ellwood, 16 October 1972, in FPAQ folder, Early Days Cairns, Box 4.

¹⁵ FPAQ, Minutes of Council Meeting, 3 August 1973; Ellwood, Chairman's Annual Report, FPA Cairns branch, 17 July 1973, in FPAQ folder, Early Days Cairns, Box 4.

From the start, Ellwood collaborated with other providers such as the Maternal and Child Health and Royal Flying Doctor Services to make family planning more widely available.¹⁶

At the beginning of 1974, seven doctors and ten nurses were working voluntarily, taking turns to run a two-hour weekly clinic. Business was slow and the medical centre was far from ideal as it lacked privacy for patients and staff. The situation improved from April when the clinic moved to what had been the old Fire Station in Lake Street. The City Council had recently refurbished the building as a Community Rest Centre and made part of it available to the branch. FPAQ contributed \$1,100 to the cost of setting up the clinic, which was shared with the Marriage Guidance Council.¹⁷ Patient numbers grew slowly, reaching over 700 in 1975-76. By this time the branch had moved yet again to 'modern, clean, air-conditioned and centrally situated premises', a ground floor shop at 140 Grafton Street.¹⁸

Education activities were slow to take off due to a shortage of staff and lack of community interest. Fortnightly film nights were a failure at first, but picked up once schools became involved. Trinity Bay High was particularly enthusiastic, on one occasion attracting close to 200 students and parents to a session in the school hall.¹⁹ Professional-training also gained momentum. A high point was a weekend 'Teach-in' attended by 55 doctors, nurses and social welfare workers from around the north. In 1976, branch head Myla Thomas summed up the situation when she reported that although much remained to be done, 'family planning is now firmly implanted and functioning in this area'.²⁰

Rockhampton

On 10 March 1973, just four days after the Cairns clinic opened, local member and Federal Minister for Health, Doug Everingham, launched Rockhampton's first family planning clinic.²¹ Early interest in starting a service was expressed by people from diverse backgrounds, including Elizabeth Black, an IPPF trained nurse who had recently arrived from the UK,²² local MP and Shadow Minister of Justice, Keith Wright,²³ CSIRO scientist, environmentalist and Zero Population Growth advocate, Dr Peter

¹⁶ Ellwood, Chairman's Report Cairns Branch, 14 February 1974, in FPAQ folder, Early Days Cairns, Box 4.

¹⁷ FPAQ, Minutes of Council Meeting, 10 April 1972 & 19 June 1972.

¹⁸ FPAQ, *Fifth annual report 1975-76*, 7.

¹⁹ Robert Ellwood, Chairman's Report Cairns Branch, 7 November 1974, in FPAQ folder, Early Days Cairns, Box 4.

²⁰ FPAQ, *Fifth annual report 1975-76*, 7.

²¹ FPAQ, *Second annual report 1972-73* (Fortitude Valley: FPAQ, 1973), 6.

²² Letter from Elizabeth Black to FPAA, 7 June 1972, in FPAQ folder, Early Days Rockhampton, Box 4.

²³ Letter from Keith Wright to Officer in Charge, FPAQ, 26 June 1972, in FPAQ folder, Early Days Rockhampton, Box 4.

Springell,²⁴ and obstetrician and gynaecologist Dr Tom Dewar.²⁵ Each was sent a set of procedures for starting a branch, which FPAQ had compiled in response to enquiries from a number of regions. The steps were the same as those AFFPA had recommended to FPAQ when it began: form an ad hoc committee of interested medical, nursing and lay people; promote community interest; gain the support of influential groups and individuals; call a public meeting to endorse the need for the service; inaugurate the branch; elect a steering committee; and then work towards establishing a clinic.²⁶

Lesley Morrish of the Department of Social Services initiated an ad hoc committee which resulted in Wright and Everingham convening a public meeting on 10 November 1972. Dr Alan Blunt flew from Brisbane to be guest speaker at the meeting which was chaired by Rockhampton Mayor Rex Pilbeam. A steering committee was elected and plans were made to officially inaugurate a branch.²⁷ Black became the first Chairman and Pilbeam was made Patron.²⁸ The Mayor was persuaded to make the City Council's Immunisation Centre in Alma Street available for the first clinic, which initially was run as a fortnightly evening session with Lifeline taking bookings. Jane Baker became the first Sister-in-Charge and Dr John Birks of the Base Hospital agreed to be Honorary Medical Consultant.

At this stage, Rockhampton had a population of around 53,000. Like its northern counterparts, it was predominantly working class, included a large indigenous population, and was the railhead and major service centre for the surrounding region. The main industries were cattle and mining, both of which supported communities scattered across the vast expanse of Central Queensland. Given the nature of the work on offer, the city offered only a small core of professionals from which FPAQ could draw staff. Some doctors were not supportive and reportedly used intimidatory tactics to dissuade others from participating in the new venture.²⁹ The innate conservatism of the city was reinforced by Mayor

²⁴ Letters from Peter Springell to Treasurer Sir Gordon Chalk, Minister of Health S. D Tooth and Millburn, 24 August 1972; Springell, 'Misery', Letter to Editor, *Australian*, 30 August 1972; in FPAQ folder, Early Days Rockhampton, Box 4. Springell aroused controversy by publicly criticising CSIRO for its lack of involvement in environmental research and was subsequently transferred from Rockhampton. See: Peter Springell, 'For the freedom to comment by scientists', *Arena* 44/45 (1976): 28-33; Drew Hutton and Libby Connors, *History of the Australian environment movement*, (Cambridge: Cambridge University Press, 1999), 97.

²⁵ Letter from Blunt, Birmingham, to Millburn, 6 July 1972, in FPAQ folder, Early Days, Box 4.

²⁶ FPAQ, Suggested procedure to be adopted in forming a branch of the Family Planning Association of Queensland, June 1972, in FPAQ folder, Early Days, Box 4.

²⁷ Notes on election of steering committee, in FPAQ folder, Early Days Rockhampton, Box 4.

²⁸ Letter from Springell to Blunt, 28 December 1972, in FPAQ folder, Early Days Rockhampton, Box 4.

²⁹ Letter from Springell to Millburn, 4 January 1973, in FPAQ folder, Early Days Rockhampton, Box 4, notes that local doctors were refusing to refer patients to gynaecologist Dr Con Primmer until he discontinued his association with FPAQ.

Pilbeam who had been in office since 1952 and unashamedly projected narrow views on issues such as women's place in society:

People say that I hate women but I don't. The best person in the world is a woman who stays at home and brings up her children. Here in my chambers we don't employ married women. That way, we not only keep the family together but we keep the rates down because kids will work for half the wages.³⁰

The intention of the Rockhampton branch was to attract socially and financially disadvantaged clients and expand into areas such as the Aboriginal settlement of Woorabinda and remote parts of central Queensland. Through education it also hoped to lower the teenage birthrate, an issue which was of particular concern to Birks who was delivering babies to high numbers of 14 and 15-year-old patients at the Rockhampton Base Hospital.³¹ Despite the good intentions of those running the branch, a shortage of doctors, unsuitable premises and lack of interest by the community meant that clinic sessions were often empty.³² The Immunisation Centre offered limited privacy for doctors and patients and although the branch began a regular weekly day-time session from May 1974, it was not until it moved to a more suitable location at 29 East Street two years later, that things began to improve.

Within a short time of moving, Clinic Supervisor Maureen Wilson reported that attendances had increased markedly and country people were phoning for advice. The centre was now open each day for appointments and information and it was running three clinics a week. Staff consisted of two doctors, one nurse, two receptionists and two relieving nursing sisters who also acted as educators. One of the relieving staff was new mother, Elizabeth Grigg (née Black) who, in addition to being Branch Chairman, would subsequently take on a variety of roles including Clinic Supervisor, Educator and unofficial Publicity Officer. She began promoting the clinic with great success and running education programs which would rapidly gain in popularity.³³ The other relieving sister was Michelle Newman who would eventually take over as Clinic Supervisor and remain in that position until 2002.

From mid-1976, reports from the Rockhampton branch exuded enthusiasm and, rather than being treated as a liability, it was being praised by Council for the innovative methods it was using to attract

³⁰ Rex Pilbeam quoted in Johansen, *Women in Central Queensland: a study of three coastal centres 1940-65*, 295.

³¹ Millburn, Report of visits to Gladstone and Rockhampton, 6-7 August 1974, in FPAQ folder, Early Days Rockhampton, Box 4.

³² FPAQ, Minutes of Council Meeting, 14 February 1974; Millburn, Report on visits to Rockhampton, Cairns and Townsville, 29 March-4 April 1974.

³³ FPAQ Executive Committee Minutes, 31 May 1976.

publicity and clients.³⁴ As well as delivering regular lectures for students and staff at the Hospital and Capricornia Institute of Advanced Education, branch educators were running film discussion groups for Women's Electoral Lobby, Marriage Guidance Council and the Department of Community Health.³⁵ The Base Hospital was also helping by referring patients to the clinics. The branch was now more outward looking and aiming to take services to central-western parts of the state.

Townsville

Although Dr Alan Blunt had stated at the Symposium on Family Planning that moves were underway to establish a service in Townsville, it was two years before this happened. The National Council of Women had been trying for some time to get a clinic off the ground but did not have adequate support from the community or the medical profession.³⁶ NCW member Margaret Reynolds recalled speaking at an early meeting at which she unsuccessfully urged a shocked group of older women to support the establishment of a 'Townsville Contraceptive Advice Service', a name she believed would be more meaningful than 'family planning', for the likes of university students who needed contraception but were not yet planning families.³⁷ Unable to achieve such a service on its own, the group looked to the newly established FPAQ for support and took on the task of assessing and demonstrating the need for a clinic in Townsville.³⁸ In January 1972, NCW President June Oliver noted that progress had been delayed by the impact of a cyclone, but on the positive side she identified Hospital Superintendent Dr David Bowler as a keen supporter.³⁹ By April, she was able to report that, of the associates and affiliated societies approached by the NCW, the overwhelming majority had voted in favour of setting up a family planning clinic in Townsville.⁴⁰

After other doctors rallied to the cause and the local branch of the AMA accepted that its members would not be disadvantaged, the branch came into being in September 1972 at a well-attended public meeting.⁴¹ The role of Steering Committee Chairman fell to Beryl Richards who was a member of the

³⁴ FPAQ, Newsletter, No. 4, November 1976, 5, in FPAQ folder, Early newsletters, Box 4.

³⁵ Annual report Rockhampton Branch, in FPAQ folder, Early Days Rockhampton, Box 4.

³⁶ Two letters from June Oliver, President, National Council of Women, to Millburn, 7 December 1971; Letter from Oliver to Millburn, 28 April 1972, in FPAQ folder, Early Days Townsville, Box 4.

³⁷ Email from Margaret Reynolds to author, 4 October 2007.

³⁸ Letter from Oliver to Millburn, 7 December 1971, in FPAQ folder, Early Days Townsville, Box 4.

³⁹ Letter from Oliver to Millburn, 21 January 1972, in FPAQ folder, Early Days Townsville, Box 4.

⁴⁰ Letter and enclosure from Oliver to Millburn, 28 April 1972, in FPAQ folder, Early Days Townsville, Box 4.

⁴¹ Letter from Beryl Richards to Millburn, 22 October 1972; and FPAQ Townsville Branch Chairman's Report, 15 February 1973, in FPAQ folder, Early Days Townsville, Box 4. The Chairman's report indicates that this meeting was organised by the NCW independently of the Brisbane Association. Formation of the branch was formalised when Blunt visited Rockhampton on 11 November 1972 and the Committee accepted his invitation to become a branch of FPAQ.

Staff and Distaff Wives Club of the James Cook University. She had come from England with her husband Geoffrey in 1964, when he became Nevitt Professor of Chemistry at the newly created College of the University of Queensland. Of the public meeting, Richards recalled that there was vocal opposition from Catholics in the audience; also, that she had gone along on the understanding that, if the meeting voted to start a branch, Bowler would head the steering committee and she would be a member. At the last moment he was unable to accept the role, which then fell to her.⁴²

At the time of the meeting the University, Army base and Teachers' Training College were contributing substantially to the development of Townsville as the major business and educational centre for North Queensland. Although still predominantly working class, the city had a sizeable but transitory professional workforce from which FPAQ could draw staff. It also had the benefit of enthusiastic 'University wives' who, like Richards, were making a substantial contribution to Townsville society. One who arrived a year after Richards and immediately began putting her stamp on the community was Margaret Reynolds, mother, teacher, emerging feminist and Aboriginal rights activist, future local and national politician, and more.⁴³ Reynolds and women like her contributed to the vibrant social and political backdrop against which the Townsville branch developed. She belonged to the National Council of Women and became an inaugural member of Women's Electoral Lobby, both of which supported family planning and women's right to have access to these and other services.

The clinic opened on 20 March 1973 in leased rooms on the first floor of 256 Sturt Street. It was on a larger scale than those in Cairns and Rockhampton, closer in style to the Fortitude Valley clinic. The Townsville branch tapped into the enthusiasm and generosity of the local community. The Lions Club paid for the plumbing and redecoration, the Vice-Chancellor of the University donated a number of desks and members were recruited from James Cook University and the Teachers' Training College.⁴⁴ It was not all plain sailing for the branch, however, because balancing the progressive nature of the community were pockets of resistance. Unlike Cairns where the RFDS was supportive from the start, the Townsville doctor in charge was Catholic, opposed to contraception, and uncooperative. Initially the *Townsville Daily Bulletin* ran stories on the new branch, but then placed a 'black ban' on news from FPAQ, without offering any explanation.⁴⁵

⁴² Richards, telephone conversation with author, 2 November 2004.

⁴³ Reynolds, *Living politics*.

⁴⁴ FPAQ, Minutes of Council Meeting, 22 February 1973.

⁴⁵ FPAQ Townsville Branch, undated report, in FPAQ folder, Early Days Townsville, Box 4.



Figure 23: Townsville community support was strong: Sr Leah Hunter and Beryl Richards receive a \$1,200 donation from Apex members Dr Graham Rice and Tom Swann (*Daily Bulletin*, 3 Feb 1976)

When Beryl Richards became administrator of the clinic, her husband took over chairmanship of the branch. Together they were a formidable force in Townsville society. They used their skills and influence to great advantage and, within a short time, the Townsville branch was being held up as a model for other centres to follow.⁴⁶ In September 1973, Beryl was sponsored by the CWA to travel for eight days through north-west Queensland, where she spread the word about FPAQ and marked out the territory of the Townsville branch.⁴⁷ With Dr Dorothy Cole in the position of Clinic Medical Officer and Sally Bowler and Maureen Summer as Clinic Sisters, the service was proficiently run and progress was rapid. Despite initial staffing difficulties posed by a mobile professional population, the branch thrived and within a short time had taken over the whole of the first floor at Sturt Street to accommodate rapidly expanding services. Not only was it the first branch to run doctors' and nurses' courses but in 1976, with over 4,000 clinic clients registering during the previous year, it had become the fastest growing clinic in the whole of Australia.⁴⁸

Gold Coast

The last of the independently-initiated branches opened at 77 Scarborough Street, Southport, on 12 September 1973. Southport was the business hub of the Gold Coast region, which stretched 48 kilometres along the coast and into the Albert Shire to the north and west. The region's economy and

⁴⁶ FPAQ, *Third annual report 1973-74* (Fortitude Valley: FPAQ, 1974), 7.

⁴⁷ FPAQ, Minutes of Council Meeting, 28 August 1973; Richards, Out West: report on tour of North Western Division of the CWA, October 1973, in FPAQ folder, Early Days Townsville, Box 4.

⁴⁸ FPAQ, *Fifth annual report 1975-76*, 7-8.

population were expanding rapidly as the tourism and real estate industries boomed and increasing numbers of people and businesses relocated from ‘the south’.⁴⁹ This had been encouraged by State Government support for development at any cost and the complementary actions of the Gold Coast City Council. Led by flamboyant Mayor Bruce Small, the ‘surfers’ paradise’ was promoted with crass but successful gimmicks, such as the employment of ‘meter maids’, who wore gold bikinis and fed parking meters, and Council officers who strolled the beaches, spraying tanning lotion on near-naked bodies.⁵⁰



Figure 24: Mayor Bruce Small proving he was not old and out of touch as an opponent had alleged (C-M, 15 Nov 1974)

Compared with Townsville, where the community was supportive but lack of medical backing delayed the opening of a clinic, the opposite was the case on the Gold Coast. Obstetrician and Gynaecologist Dr David Browne contacted FPAQ soon after the Brunswick Street clinic opened, having already got the local chapter of the AMA to support the formation of a branch.⁵¹ On FPAQ’s advice, he contacted the City Council, surveyed local organisations to gauge support for a clinic and made preliminary plans to hold a public meeting in August 1972.⁵² Unable to achieve his goals singlehandedly, by March of the following year, Browne had handed over ‘a great deal of correspondence’ to the newly-established Gold Coast branch of Women’s Electoral Lobby.⁵³ Nursing Sister Shirley Hautz convened a steering committee, which took over planning and held a public meeting in the CWA hall to introduce the new

⁴⁹ Fitzgerald, *From 1915 to the early 1980's*, 467.

⁵⁰ Mellick, ed., *Our Queensland*, 139-47.

⁵¹ Letter from David Browne to June Morris, 29 May, 1972, in FPAQ folder, Early Days Gold Coast, Box 4.

⁵² Letter from Browne to Acting Chairman Charles Elliott, 26 June 1972, in FPAQ folder, Early Days Gold Coast, Box 4.

⁵³ Letter from Shirley Hautz to FPAQ Chairman, 30 April 1973, in FPAQ folder, Early Days Gold Coast, Box 4.

branch in June 1973.⁵⁴ Guest speaker Marjorie Millburn acknowledged the ‘tremendous local effort and support’ which had made the service possible, and paid tribute to community groups and volunteers across the state who had driven the establishment of FPAQ’s first four branches.⁵⁵ The meeting endorsed an interim committee of eight, which included Browne as Chairman, three members of WEL, and representatives of Lifeline, the medical profession, and state and local governments.⁵⁶

The Committee took immediate action, the FPAQ Council made an establishment grant of \$500 and within three months the clinic was underway. In contrast with the hedonistic image of the Gold Coast, many of the early clinic staff were socially and politically aware and actively involved in community affairs. As well as being a founding member of WEL, Hautz was Secretary of the Gold Coast Regional Development Council. Inaugural Medical Officer Judith Wassell reportedly had ‘an intense interest in women’s social and medical problems’. Secretary and WEL member Meg Cheyne helped open the Gold Coast’s first after-school centre for ‘latch-key’ children. Administrative assistant Joan Jeffrey was working towards the opening of a branch of Children by Choice and Sister Alice Patterson was contributing to the charitable work of the Salvation Army.⁵⁷

Despite the enthusiasm of all involved, the branch was slow to get going and had difficulty getting its message out ‘due to the dispersion of the Gold Coast population’.⁵⁸ Clinic attendance was poor and the community was reportedly suspicious and uncooperative. Gradually, however, through lectures, film screenings, training courses, word of mouth recommendation and intensive promotion on Radio 4GG, attitudes changed to enthusiasm and encouragement for the work being undertaken. The branch tapped into the needs of the community, and in addition to the usual clinic services, began offering counselling, a 24-hour telephone advice service, discussion groups on menopause, lectures on the ovulation and rhythm methods, and talks and displays for preschool parents.⁵⁹ Increased community interest was reflected in a leap in the number of clinic clients from 387 in 1974-75 to 945 the following year.

⁵⁴ FPAQ, Minutes of Council Meeting, 19 June 1973; Vivienne Ash, ‘Sister Shirley leaves the problems behind’, *Gold Coast Bulletin*, 5 May 1977, in FPAQ folder, Early Days Gold Coast, Box 4.

⁵⁵ Milburn, Opening of the Southport Branch, 12 September 1974, in FPAQ folder, Early Days Gold Coast, Box 4.

⁵⁶ Minutes of public meeting, 4 June 1973, in FPAQ folder, Early Days Gold Coast, Box 4.

⁵⁷ FPAQ, Newsletter No. 3, July 1976, in FPAQ folder, Early Newsletters, Box 4..

⁵⁸ FPAQ, Minutes of Council Meeting, 14 February 1974.

⁵⁹ Minutes of AGM of the Gold Coast Branch, 30 July 1975, in FPAQ folder, Early Days Gold Coast, Box 4.

Opportunity knocks – Ipswich and Mt Gravatt

By July 1976, FPAQ had established two more branches as a result of direct action by the Federal Department of Health. In 1974 the government allocated a large proportion of its family planning budget to the Family Planning Program, the aim of which was to extend education and training programs and make services more accessible to adolescents, Aboriginal and migrant women, and those who were geographically and socially disadvantaged. With four branches already established and servicing these groups, FPAQ was in a prime position to act when additional funding was offered.

At the end of 1974 the Federal Government was making money available for the expansion of services and all FPOs were invited to send expressions of interest to AFFPA in the first instance. The brief was that the new facilities should be in high-population, low income areas, be provided free-of-charge, and be available at convenient times.⁶⁰ FPAQ initially proposed Mt Gravatt and Gladstone as its preferred locations. Mt Gravatt was a rapidly expanding ‘nappy valley’ suburb of Brisbane, the majority of whose residents were ‘young-marrieds of average income levels’.⁶¹ Gladstone was a booming mining and industrial port which was struggling with social problems and a lack of services.⁶² For some time FPAQ had been considering establishing a clinic there.⁶³

By the end of December when FPAQ made a more detailed submission, Ipswich had become the second choice. The rationale for the change was the difficulty of recruiting medical staff in Gladstone, together with the fact that its population of 17,000 could not justify a full-time service.⁶⁴ Ipswich was a predominantly working-class city with a population of 68,000 people, located 24 miles to the west of Brisbane. It was the gateway to the Darling Downs and had been declared a Growth Centre by the Department of Urban Development. Ipswich serviced the RAAF Amberley Air Force Base, Wacol Migrant Centre and rapidly expanding Wacol Industrial Estate.⁶⁵ It was also in the electorate of Federal Treasurer Bill Hayden, who in FPAQ’s very early days had expressed interest in making family planning services available to his constituents.

⁶⁰ AFFPA. Memo to Administrators FPA NSW, Qld., Vic., SA, WA, Tas., 6 December 1974, FPAQ folder, Early Days Ipswich and Mt Gravatt, Box 4.

⁶¹ FPAQ, Memo to Executive Officer AFFPA, 31 December 1974, in FPAQ folder, Early Days Ipswich and Mt Gravatt, Box 4.

⁶² Fitzgerald, *From 1915 to the early 1980's*, 309-310.

⁶³ Millburn, Report of visits to Gladstone and Rockhampton, 6-7 August 1974, in FPAQ folder, Early Days Rockhampton, Box 4.

⁶⁴ FPAQ, Memo to Executive Officer AFFPA, 31 December 1974, in FPAQ folder, Early Days Ipswich and Mt Gravatt, Box 4.

⁶⁵ Ibid.



Figure 25: Treasurer Bill Hayden and wife Dallas at the opening of the Ipswich clinic 1975 (FPAQ, AR 1990-91, 8)

After both centres were approved, FPAQ set about making them a reality. Getting the Ipswich branch established was relatively trouble free. The Council purchased an existing doctor's practice in East Street and converted the space to a clinic, which was jointly launched by Hayden and State Minister for Health Dr Llew Edwards on 1 August 1975.⁶⁶

Establishing the Mt Gravatt clinic was not as straightforward. The process was hindered initially by the difficulty of finding suitable accommodation, then by funding delays related to political turmoil at the national level.⁶⁷ The Whitlam Government had won a double-dissolution election in May 1974, but with a reduced majority. In September 1975 it lost control of the Senate when the Queensland Government appointed Labor candidate Albert Field to fill a vacancy caused by the death of Senator Bert Milliner. Field voted with the opposition to block supply, thereby depriving the government of the financial means to continue operating. In the constitutional crisis which followed, Prime Minister Whitlam was sacked by Governor General John Kerr and replaced at the November 1975 election by Coalition leader Malcolm Fraser.⁶⁸

⁶⁶ Bannah, ed., *Family Planning Queensland*, 30.

⁶⁷ FPAQ, *Fifth annual report 1975-76*, 6.

⁶⁸ Mike Steketee, 'The dismissal', in *40 years: Politics* (Sydney: Australian, [2004]), 11.

The new government honoured the promise to fund the Mt Gravatt branch, which finally opened in March 1976 at 1933 Logan Road, opposite Garden City Shopping Centre. The FPAQ Newsletter reported that the official launch was performed by Health Minister Llew Edwards and Senator Glen Shiel 'on a very wet and windy Saturday afternoon'. It also noted that AFFPA patron Vimy Wilhelm and other distinguished visitors were 'favourably impressed with the excellent appointment of the premises (including the lovely curtains, thanks to Maureen Summer)'.⁶⁹ She became Clinic Supervisor, a job for which she was well qualified, having been the first nurse-in-charge in Townsville.

Both branches thrived. In its first year of operation, the Ipswich clinic registered 567 medical consultations and Sister Joan Marshall was appointed to develop education services. The Mt Gravatt clinic tapped into previously unmet demand and within months staff had seen 469 clients.⁷⁰ The Mt Gravatt clinic did not relieve pressure on the Brunswick Street facilities as the Council had hoped and all centres continued to grow rapidly.

At the end of 1976, with its Fortitude Valley base and six branches, FPAQ was better placed than any other FPO to reach people living outside the metropolitan area. Of the almost 18,000 clinic visits made in 1975-76, over a third were in the branches. Requests for services in Toowoomba, Mackay, Gladstone and Mt Isa indicated that there was still an unmet need for family planning in regional Queensland. Toowoomba was identified as the centre with the greatest potential for a branch. Recognising that this was not immediately achievable, the Council instead budgeted for the opening of a pilot Information Centre 'as a prelude to the establishment of a future clinic'.⁷¹

Despite the desire to meet the needs of more regional communities, the FPAQ Council recognised that expansion of branches could not continue at the same rate: 'We therefore do not look to the provision of new clinics, but rather concentrate on maintaining the growth rate in the established centres. Expansion will certainly take place in the area of education and training, with the emphasis towards country areas'. FPAQ was still hoping its regional programs would be complemented by services funded through the Federal Government's Community Health Program, as had occurred in other states.⁷² Unfortunately for Queenslanders, the State Government refused to cooperate and would not

⁶⁹ FPAQ, *Newsletter*, no. 3, March 1976, in FPAQ folder, Early Newsletters, Box 4.

⁷⁰ FPAQ, *Fifth annual report 1975-76*, 6.

⁷¹ AFFPA, *Annual report 1975-76*, 33.

⁷² FPAQ Council Minutes, 5 November 1973 & 15 November 1976; FPAQ, *Fifth annual report 1975-76*, 11.

allow community health services to be run from any of its hospitals or clinics and would not pass funding on to the small number of services which had been established.⁷³

Growing Pains

While on the surface it may appear that FPAQ's success with branches was achieved with ease, such was not the case. Instead it came about through a process of trial and error and with more than a few headaches for all concerned. This was particularly so with the Cairns, Townsville, Rockhampton and Gold Coast branches, all of which evolved in ways that were unprecedented in the Australian family planning movement. Although the architects of FPAQ's constitution had anticipated the formation of branches, when it came to the detail, the Memorandum and Articles of Association contained only two relevant clauses, and they were light on substance. The first stated that the Council had the power to establish or recognise branches, which should be defined geographically and named accordingly; to amalgamate, modify or sub-divide the branches; and to appoint their office-bearers. The second clause related to membership and the fact that while any person could subscribe and attend branch meetings, they did not automatically become members of FPAQ. If they wished to attend general meetings and have voting rights they would need to be admitted according to set procedures.⁷⁴

With four branches emerging so early, it was not immediately clear how they should be run. Furthermore, as the development was unique to Queensland there were no models for FPAQ to follow. Most of the key players were doctors, nurses and 'housewives' who between them had limited experience in organisational matters. While those in Brisbane could draw on their recent experience of establishing FPAQ, they were still in the throes of putting down roots and clarifying the Association's status in relation to the national body. With its own clinic barely underway and a bank balance which was almost negligible, the Council was hardly in a position to provide for a network of branches. Despite these challenges, it was supportive of the development of regional clinics which, after all, was what Blunt had been encouraging in the lead-up to the formation of FPAQ.

That those in charge had only a general idea of what to do about branches is evident in an exchange of correspondence between Blunt, who had left for sabbatical leave in England shortly after the Brisbane

⁷³ Mills and Duffield, 'Rape crisis services in Queensland', 202-03.

⁷⁴ FPAQ, Memorandum and Articles of Association of FPAQ, Articles 37-8.

clinic opened, and Millburn, who was responsible for the day-to-day running of the Association. When Millburn asked Blunt what she should do about a request for financial help for the recently inaugurated Cairns branch and informed him about a new enquiry from a Dr Bowler in Townsville,⁷⁵ he replied:

I think branches as they are formed...should be properly constituted as branches of the Family Planning Association of Queensland. Obviously they will be to a large degree dependent. However, I think we should let any branch when it starts have a foundation grant. My own feeling would be something in the order of 200-250 dollars.

Each branch I believe should send some form of fee to us to cover central administration costs and so on. I think it is a little too early to know exactly what this should be but I was thinking of something in the order of 100 dollars per annum. We could obviously arrange a lot of their printing, notices and supplies etc. to keep the system uniform and, looking to the future, I think our Council should include a representative of each branch though this would require further debate.⁷⁶

Fifteen months later, when the Southport branch had just opened and the three northern branches had been running clinics for six months, Blunt was preparing to leave Brisbane to take up a position at the University of Birmingham. In his farewell address to the AGM, he indicated that he saw little alternative to a predominantly autonomous role for the branches. After giving a detailed rundown on where the Association had come from and where he believed it was heading, he said:

In a state the size of Queensland, it is obvious that central administration in Brisbane can do very little to control the day to day running of branches established as far afield as Cairns and Townsville. Administratively therefore, it seems wise that each of the major branches established should be largely autonomous and that they themselves should be responsible for providing family planning services to certain segments of the state.⁷⁷

While all four branches did attempt to raise income through membership fees and manage their own affairs, they met with varying degrees of success, and all struggled financially. Finding suitable, affordable accommodation presented challenges and generally involved a visit by Blunt or Millburn to ascertain the suitability of potential premises and requirements for conversion to a clinic. Compared

⁷⁵ Letter from Millburn to Blunt, 24 May 1972, in FPAQ folder, Early Days, Box 4.

⁷⁶ Letter from Blunt to Millburn, 7 June 1972, in FPAQ folder, Early Days, Box 4.

⁷⁷ Blunt, The organisation of the Family Planning Association within Australia: address by the Chairman, at the 1973 Annual General Meeting, 27 September 1973 in FPAQ folder, Early Days, Box 4.

with the Fortitude Valley clinic, the regional centres raised less from clinic membership fees because they saw greater numbers of low-income patients who were unable to pay. Even the Townsville branch, which was doing very well, was dependent on Brisbane for rent, insurance, salaries, carpet, air-conditioning and other facilities. Although aiming at independence, after six months, not only was it unable to meet its financial commitments, but it could not get an overdraft from the bank.⁷⁸

As time went on, inconsistencies and problems became increasingly evident across all branches. There was confusion over membership classifications and lack of uniformity in fees. Financial accounting procedures were difficult to monitor from a distance and in some cases were far from ideal. Millburn cited as an example the Cairns branch where an audit found that 'one of the volunteers kept the cheque book and from that paid the staff, the other volunteer kept the bank receipt book – and never the twain did meet'.⁷⁹ The move from voluntary to professional status varied from branch to branch. In Townsville, all staff were paid from May 1973, compared with Cairns where doctors and nurses were still working voluntarily in February 1974.

Given the rapidly changing field of family planning and the need for practitioners to have specialist knowledge and skills, staff training posed major challenges which were exacerbated by the limitations of communication technologies and the expense involved in bringing staff to Brisbane for hands on training. The most headquarters could offer was a clinic handbook, a set of clinic procedures, a newsletter and training for one doctor and one nurse from each branch. While this was a start, it was less than satisfactory. With most clinics being run on a sessional basis by a number of doctors and nurses working in rotation (for example, Cairns had 7 doctors and 10 nurses at the beginning of 1974), the difficulty was ensuring that all of them were properly trained and working towards common goals.⁸⁰ While the honorary medical consultants in each centre had overall responsibility for recruitment and supervision of doctors, it was unrealistic to expect them to continue this role indefinitely.

At Council level, frustrations were building in relation to branch representation at meetings. On more than one occasion this issue was added to the agenda, but each time, unanimous, in-principle support

⁷⁸ FPAQ, Minutes of Council Meeting, 5 November 1973.

⁷⁹ Bannah, ed., *Family Planning Queensland*, 29.

⁸⁰ FPAQ, Minutes of Council Meeting, 14 February 1974.

failed to translate into action due to lack of funds.⁸¹ As an alternative, branch representatives were urged 'to make contact with state headquarters on every occasion possible when in Brisbane' and were reassured they were welcome to attend Council meetings.⁸² This offer was most often taken up by Professor Geoffrey Richards, Chairman of the Townsville branch and dogged advocate of regional involvement.

Nationally, as government funding began trickling through, so too did requirements for financial accountability and for the FPOs to have one central policy-making body through which funding could be disbursed. While the national body was being created, there was no immediate pressure on FPAQ to review the way it was operating; however, by early 1974 the Council could see that the 'largely autonomous' style in which the branches had been running was neither desirable nor sustainable and that it might need to take greater responsibility for their management. It was also becoming clear that 'the original concept of branches being formed to provide income through membership was giving place to the need for centralised accounting and records', and that requirements being imposed at the national level would inevitably filter down to the states.⁸³

Identifying and resolving the issues

Matters came to a head at the Council meeting in February 1974 when it was decided Millburn should travel to the three northern branches to see at first-hand how they were faring. Rockhampton was progressing very slowly due to a shortage of doctors, an inappropriate location and lack of community awareness. A year after opening, the clinic had registered only 24 patients and was operating just once a month. Of greatest concern to the Council was the lack of communication. After surveying the centre, Millburn recommended the Council provide greater assistance with staff training, payment of salaries and implementation of a weekly two-hour clinic. For their part, she suggested that branch staff make greater efforts to publicise their services.⁸⁴

The Cairns branch had also been developing slowly but at the time of Millburn's visit it was about to move to what was hoped would be a more suitable location in the old Fire Station. Millburn recommended material and financial help with the move, also commencement of payment to clinic

⁸¹ FPAQ, Minutes of Council Meeting, 22 February, 28 August, 5 November 1973.

⁸² FPAQ, Minutes of Council Meeting, 5 November 1973.

⁸³ FPAQ, Minutes of Council Meeting, 16 September 1974.

⁸⁴ FPAQ, Minutes of Council Meeting, 14 February 1974; Millburn, Report on visits to Rockhampton, Cairns and Townsville, 29 March-4 April 1974.

staff. Although the doctors indicated they wished to continue on a voluntary basis, it was agreed that casual nursing staff should now be paid. Arrangements were also put in place to improve financial accounting practices.⁸⁵ Another concern was the direction in which Ellwood was taking the branch. From the start his main priority had been to provide services for the indigenous community. While initially the Council had seen this as positive and a potential source of extra federal funding, the attitude of the State Government led it to temper its enthusiasm. In November 1972, when the Council had sent a letter to FPAA asking for help to tap into Commonwealth funding for indigenous programs, President Vimy Wilhelm replied that FPAQ should contact its 'own state Aboriginal centre'. The Council chose not to do this, as it considered the time was 'not opportune to make a successful approach locally'.⁸⁶

At the February 1974 Council meeting, a lengthy report was tabled, in which Ellwood outlined activities of the branch, almost all focusing on services to Aborigines. The details suggested there was some blurring of his hospital and family planning roles and potential for problems with the State Government. As the Cairns Hospital doctor, Ellwood was making regular visits to the nearby Yarrabah community where the elders were supportive of family planning. He had initiated a scheme to train a number of women in 'maternity, children's wards, and family planning', in the hope that they would 'go back and spread the word in their own community.' He was hoping to reach 'underprivileged groups living on the fringes' of Atherton Tableland and coastal towns through Maternal and Child Health Services. The nurses had agreed that when running their weekly roving clinics they would ask patients needing contraception to visit their local doctors who in turn had been supplied with contraceptives and benefit forms. Ellwood was also working closely with the Royal Flying Doctor Service and supplying the medical officers with IUDs and other contraceptives which they could not obtain through State Stores.⁸⁷

It was in relation to the latter role that alarm bells began ringing for the Council. After outlining the difficulties being experienced in remote Aboriginal communities and the pros and cons of various contraceptive methods, Ellwood noted in his report that 'Mr. Killoran' had set up an inquiry to investigate RFDS provision of oral contraceptives to girls under 15 years of age at the Lockhart River Aboriginal community. Patrick Killoran was the powerful Director of Aboriginal and Islander Affairs

⁸⁵ Millburn, Report on visits to Rockhampton, Cairns and Townsville, 29 March-4 April 1974.

⁸⁶ FPAQ, Minutes of Council Meeting, 15 November 1972.

⁸⁷ Ellwood, Cairns Branch Chairman's Report, 14 February 1974, in FPAQ folder, Early Days Cairns, Box 4.

who collaborated with Premier Joh Bjelke-Petersen to keep Queensland from participating in national initiatives aimed at improving the lot of indigenous people and providing them with greater autonomy. This partnership ensured that the State Government would remain backward-looking, suspicious, and in conflict with indigenous people, the Federal Government and those it perceived to be seeking 'to gain notoriety by advocating an Aboriginal cause'.⁸⁸

Although initially the Council had been supportive of attempts to reach Aborigines, it did not want the branch to draw negative attention to FPAQ by getting involved in a politically sensitive area. Neither did it want indigenous people to dominate clinic services at the expense of others, which is what Millburn believed Ellwood was encouraging. In an oral history interview, she recalled her concern:

The Clinic was started and it was going very well. Then I realised that he really had seen the Clinic as being the place for Aboriginal people, not for others. He wanted the Clinic to go that way, but it didn't. At one time, I believe, he used to go and work in the clinic on Saturday mornings, for which he didn't wish to be paid. I remember the nurse who was running the clinic ringing me, very upset, saying he was sending women away crying, telling them they should go to their own GP.⁸⁹

For a number of months before the Cairns AGM took place, FPAQ's auditors and the Council had been hounding the branch for reliable financial records.⁹⁰ In Ellwood's annual report he summed up a successful year but finished by encouraging regeneration of the Committee and suggesting that others, particularly women, should consider putting themselves forward to lead the branch.⁹¹ Sister Myla Thomas obliged and became 'President', no doubt to the relief of some at FPAQ headquarters.

Compared with the challenges posed by the Cairns and Rockhampton branches, developments in Townsville were more complex. Although the branch was very well run and moving along at a much faster rate, its efficiency and success were at the root of the difficulties that arose there. The Richards were highly competent, enthusiastic and proud of what they had achieved. They also held strong views on the way FPAQ and its branches should be run. Professor Richards attended his first Council meeting

⁸⁸ Fitzgerald, *From 1915 to the early 1980's*, 515-516; Lyndall Ryan, 'Aborigines and Torres Strait Islanders', in *The Bjelke-Petersen premiership*, ed. Patience, 114-115.

⁸⁹ Bannah, ed., *Family Planning Queensland*, 30.

⁹⁰ Letter from Millburn to M. J. Allotta, Secretary Cairns Branch, 2 August 1974; Letter from Millburn to Ellwood, 6 September 1974; and letter from Millburn to Ellwood with enclosures from Price Waterhouse, 18 October 1974, in FPAQ folder, Early Days Cairns, Box 4.

⁹¹ Ellwood, Annual Report of Cairns Branch of the FPA, 7 November 1974, in FPAQ folder, Early Days Cairns, Box 4.

in Brisbane on 22 February 1973, just prior to the opening of the northern clinic. The minutes record a long list of requests and proposals, many of them requiring extra funding which state headquarters was unable to offer. He attended his second meeting in November, by which time tensions between him and some members of the leadership team were becoming apparent. In an unusual move, the meeting was recorded on tape and, although Chairman John Campbell was present, Dr Alan Blunt, who had just returned from overseas, was asked to chair the meeting.⁹²

In a follow-up memo to Millburn, Blunt discussed a series of matters which had been raised at the meeting and then gently cautioned her against the approach she had taken:

I don't mean this as a criticism at all, but I noticed last night that with Professor Richards talking in a fairly irritating way, both you and June Morris were getting rather annoyed, and also that both of you were rather quick to defend what we are actually currently doing as the right thing to do. I think this is wrong. The association must keep very open minds on everything. Indeed many of the points...were valid and I think you want to be rather careful not to defend something we do just because we do it.⁹³

Millburn's visit to Townsville led to an escalation of already existing tensions. Beryl Richards had been trying to negotiate an appropriate level of pay for work which she believed was similar to that performed by Millburn. The Council took a different view and instructed Millburn to offer her a part-time appointment as branch coordinator on an hourly rate of \$2.50, based on the amount paid by FPA/NSW to its bookkeepers and regional coordinators.⁹⁴ When Richards rejected the offer on the grounds that it was inadequate,⁹⁵ she provided the catalyst for the Council to formally reassess the way the Association was operating. Resolving the issue took time, but the outcome marked an important turning point in the way the organisation was run.

An Executive Committee meeting was called to discuss branch matters including Richards' salary and the possibility of a review of the Association. The outcome was a recommendation that Donald McLeod Consulting Services be commissioned to examine the organisation, advise on salary scales and

⁹² FPAQ, Minutes of Council Meeting, 5 November 1973.

⁹³ Memo from Blunt to Millburn, 4 November 1973.

⁹⁴ Millburn, Report on visits to Rockhampton, Cairns and Townsville, 29 March-4 April 1974.

⁹⁵ Telephone call from Beryl Richards to Millburn, 11 April 1973, recorded in FPAQ, Minutes of Council Meeting, 24 July 1974.

‘the structure of the Constitution’, and put forward a ‘plan for growth’.⁹⁶ Originally scheduled for 9 May 1974, at short notice, the meeting was brought forward a week. Geoffrey Richards, a member of the Executive Committee since its inception, was incensed that he found out almost by chance that the meeting had already been held, when he had ‘made rather inconvenient arrangements to be in Brisbane’ on the scheduled date. While he had agreed it would be inappropriate for him to be present when his wife’s salary was being debated, he had nevertheless indicated that he wished to be involved in discussion about the proposed review.⁹⁷

Frustrated and angry, Richards wrote to Chairman Dr John Campbell complaining about procedural irregularities and the Council’s lack of consideration for the branches:

The above matters leave me gravely concerned that the FPA of Queensland is making no apparent effort to involve non-Brisbane people in decision-making process. I am concerned that my name is likely to be associated with developments of which I might not approve in these circumstances and the general committee administration is not of the standard to which I am accustomed. It may be that the only solution will be to reorganise the state affairs on a Regional basis and I know that several relevant politicians (both State and Federal) would be happy to give serious consideration to such a suggestion...

I have sent a copy of this letter to Mrs. Millburn since most of the matters concern her. I suspect that I should also send a copy to Mrs. Wilhelm since in some ways the questions go beyond simple state matters, but I will defer such action until I hear from you.⁹⁸

The upshot of the letter was that, within a day of receiving it, Campbell informed Council members that, in the best interests of the Association, he would resign before the next annual general meeting.⁹⁹

Campbell did stand down in October 1974. By that time, however, the Council had received the consultant’s report and was in the process of implementing recommendations aimed at streamlining the structure and operation of FPAQ. A major effect was to redefine and formally strengthen Millburn’s position at the expense of the branches. Whereas previously, she had been clinic administrator, Council member, Honorary Secretary and General Secretary, she now became the full time ‘Administrator’ who

⁹⁶ FPAQ, Minutes of Council Meeting, 2 May 1974.

⁹⁷ Letter from Geoffrey Richards to John Campbell, 2 May 1974.

⁹⁸ *ibid.*

⁹⁹ Letter from Campbell to Richards, 8 May 1974.

was responsible to the Council and the Executive Committee 'for the overall management of all the business affairs of the Association'.¹⁰⁰ Although as a paid member of staff she was required to resign from the Council, her new position entailed secretarial duties at Council meetings and membership of the Executive Committee. Local control of branch clinics was ruled out by the recommendation that 'all clinics must be under the control of the Administrator who will set and approve local clinic budgets and within these budgets approve all expenditure'. It was also made clear that 'Branches are not policy making bodies but if set up are designed to further the objects of the Association'.¹⁰¹ This meant that, in future, clinic supervisors would be directly accountable to Millburn.

In November, Council decided on a weekly salary for supervision and administration of the Townsville branch and resolved to invite Beryl Richards to consider the role and conditions. Negotiations continued until May 1975, by which time a position description had been agreed on and Richards was formally asked to become Clinic Supervisor.¹⁰² With the only alternative being resignation, to her credit she accepted the offer and continued to run the branch in an expert and professional manner.

Although initially only the Valley and Townsville centres were considered substantial enough to warrant having clinic supervisors, the Council soon recognised the critical nature of this role in terms of communication, consistency of services, financial accountability and managerial control. Accordingly, it appointed a Clinic Supervisor to each branch, all of them directly accountable to the Administrator.

Through the review, the Council was able to establish a structure which would allow it to keep an administrative leash on the branches, while at the same time enabling them to operate in ways that were expressive of and responsive to their regions. In the process it managed to retain the support of those whose control it challenged. Beryl Richards remained committed to the branch until 1980 and Dr Robert Ellwood continued to be involved in the Cairns branch for many years. Despite coming into conflict with the Council and Administrator on a number of occasions, in 2007, when Ellwood looked back on the early days, he expressed no criticism, only pride at having been involved in getting family

¹⁰⁰ Donald McLeod Consulting Services, Investigation into salary scales and related matters. 28 June 1974, 5, 13, in FPAQ folder, McLeod Report, Box 4.

¹⁰¹ *ibid*, 16-7

¹⁰² FPAQ, Minutes of Council Meeting, 26 May 1975.

planning started in the Far North. Rockhampton and Southport staff remained stable and, as was the case in Cairns and Townsville, the branches developed quickly under the new arrangements.

While the structural changes would go a long way towards addressing the challenges thrown up by the branches, the difficulties posed by Queensland's size and decentralised nature would remain. Looking towards the future, the 1975-76 annual report highlighted the importance of liaising with the branches and stated the Council's resolve to find better ways of dealing with the problem in the future:

We intend in the coming year to organise state clinic workshops. Apart from the exchange of expertise and experience on a professional level, we believe such meetings to be essential to overcome the feeling of isolation and its attendant problems which are inevitable in an organisation serving such widely dispersed populations as occur in this vast state.¹⁰³

None of the other state or territory Associations achieved what FPAQ did in terms of branches. While most began offering services outside their main base, none established substantial branches as early or as successfully.

Developments in New South Wales were disrupted by the creation of the new state and national bodies and the feminist takeover of the Board. Even after starting to make headway, the Association expanded too rapidly and began experiencing problems. By 1976 it had three regional offices, with plans for more, and was running clinics in 34 different locations. This arrangement soon became unviable in terms of funding, administration and finding and training staff.¹⁰⁴ Adding to these difficulties was the fact that, in the changeover to the national federation, FPA/NSW inherited a large debt which led to the appointment of a provisional liquidator. While the Commonwealth Government eventually made a special grant to release the Association, the State Government was uncooperative and refused to be the vehicle for payment of these funds.¹⁰⁵

FPA/SA tried to start country clinics but, even though the Dunstan Labor Government was providing generous financial support, they never got underway. This was attributed to resistance from doctors and religious groups. Instead the Association appointed community educators in seven large towns and

¹⁰³ FPAQ, *Fifth annual report 1975-76*, 6.

¹⁰⁴ AFFPA, *Annual report 1976-77* (Sydney: AFFPA, 1977), 29-30.

¹⁰⁵ Siedlecky and Wyndham, *Populate and perish*, 181.

used mobile and domiciliary clinic services to reach Aboriginal and disadvantaged groups in remote parts of the state.¹⁰⁶

The Victorian Association faced similar opposition when it tried to open clinics outside Melbourne. While a centre in Geelong survived, clinics in Ballarat and Warragul were closed after a year. Developments in Victoria were further affected by the fact that, from 1975, the State Government incorporated family planning into its Maternal and Child Health program. This obviated the need for FPA/Vic to regionalise clinic services and, in the long run, disadvantaged it in terms of funding.¹⁰⁷

FPA/Tasmania opened branches in Davenport and Launceston, however, these were very small, part-time operations focusing mainly on education and information to support local general practitioners. For the Association's first three years, one fulltime nursing sister 'performed the multiple tasks of educator, nurse trainer, drop-in counsellor, clinic sister, bookkeeper and administrator' for the whole state.¹⁰⁸

In Western Australia, the Council faced ongoing financial difficulties which meant that, rather than trying to set up branches from which to run clinics, it focused on providing education and information and working collaboratively with other community groups in the delivery of services. While the Council would have liked to provide for the 20 percent of the population living outside Perth, it had to accept 'that with the resources available, it cannot be directly responsible for initiating and maintaining country services'.¹⁰⁹

There are a number of reasons why FPAQ succeeded in establishing branches where the other FPOs did not. The Queensland environment played an important role. With more than half the state's population living outside Brisbane, the provision of decentralised services was common in many fields. The development of branch clinics was assisted by the fact that teaching hospitals already existed in regional centres and these gave Blunt access to a receptive network of resident obstetricians and gynaecologists. They and other health and welfare professionals were in tune with the needs of people in their areas and prepared to act to create new services. FPAQ also benefited from the overwhelming

¹⁰⁶ *ibid.*, 184.

¹⁰⁷ *ibid.*, 188.

¹⁰⁸ *ibid.*, 200.

¹⁰⁹ AFFPA, *Annual report 1976-77*, 100.

support it received from regional doctors, nurses, politicians of all persuasions, the media, women's groups and the general public. The fact that employees had strong local connections was also important in connecting FPAQ with the regions and extending professional networks.

Financial support from governments, the contribution of individuals and commitment by the Council also facilitated the development of regional centres. Initial funding from the State Government made it possible for the newly formed FPAQ to provide small establishment grants to help the branches start clinics, while more generous allocations from the Whitlam Government and creation of the Family Planning Program enabled them to be sustained and extended. Just as individuals were vital to the establishment and early development of the organisation in Brisbane, so too in every branch were there committed doctors, nurses, receptionists and other men and women who volunteered their services, translated ideas into action and contributed to making a difference in the lives of others. Despite interpersonal conflicts and tussles over administrative control and regional representation, the governance team was unwavering in its support for the branches and made every effort to help them succeed. Although formal control was ultimately centred in Brisbane, issues such as distance from headquarters, limited communication technologies and the nature of the regions would contribute to a level of *de facto* autonomy in the branches, which would allow them to pursue local objectives and respond effectively to the differing needs of their constituents.

Although the initial aim of FPAQ was to provide clinics where individuals could access contraceptive services and health professionals could be trained in their provision, by the end of 1976 the Association was also offering education and information programs and had devised effective means of promoting itself and its services. The following four chapters examine the next 25 years in the Association's development in each of these areas – Governance, Clinic Services, Education and Training, and Publicity and Promotion.

Chapter Six:

Managing FPAQ 1977-2001

Governance is the role and function of the governing body or Board...The three components of governance are to endorse the strategic and policy framework, ensure financial viability, and ensure compliance with all legislative, statutory and contractual duties, obligations, terms and conditions. Board members are elected at annual general meetings and are legally accountable to members.¹

FPAQ began the next stage of its development with six branches, a committed Council and management team, 93 mostly part-time staff and an operating budget of around \$450,000. Although the State Government's contribution had increased from \$7000 to \$57,000, the Federal Government was now the major funding body, contributing more than \$332,000 for clinic and training services. Following the official opening of extensively refurbished premises in the Valley by State Health Minister Dr Llew Edwards, the Association occupied all three levels of the building, with clinic services on the top floor, administration and education facilities at ground level, and storage and a lecture theatre in the basement.² All branches were reporting dramatic increases in services and had either extended their accommodation or were planning to do so. Recognising that it could not afford to keep on establishing new branches, FPAQ was shifting its attention to rapidly developing education programs and considering setting up information centres in large country towns.³ Such progress was facilitated by the efforts of individuals, political opportunities at both the state and national levels, and the development of effective management structures, services and means of getting the family planning message across to stakeholders and the general public.

This chapter deals with issues of governance and the means by which FPAQ maintained stability, persisted and changed in the 25 years to 2001. Analysis focuses on the actions of the FPAQ Council and management team and its interactions with government funding bodies and the national and international family planning federations. It examines responses to internal and external challenges and the shifting political, health and corporate environments. It also considers the impact of leaders and the Queensland setting in which the organisation was embedded. Given the influence of the Commonwealth Government as the major funding body, the chapter is divided into periods which

¹ Roberts, *Managing governance*, 9. In FPAQ's case, the Board was known as 'the Council'.

² FPAQ, *Sixth annual report 1976-77* (Fortitude Valley: FPAQ, 1977), 4-5.

³ AFFPA, *Annual report 1976-77*, 61.

correspond with the tenures of successive political parties: the Liberal/National Coalition headed by Malcolm Fraser to 1983; the Labor Party led by Bob Hawke from 1983-91 and Paul Keating until 1996; and finally, the Liberal/National Coalition under John Howard from 1996 on.

The Fraser Government Era to 1983

In October 1977, when the *Final report* of the Royal Commission on Human Relationships was published, its recommendations validated the range of services which had already been started by the FPOs.⁴ The thrust of the Report was that if people at all stages of life had greater understanding of their bodies, access to appropriate services, and guidance to help them engage in responsible behaviour, problems relating to sexuality would be minimised and the quality of their lives enhanced. The Commissioners recognised that the FPOs were unique in delivering a range of integrated services and recommended that governments simplify the system of funding and play a more active role in facilitating their expansion. They also suggested coordination of existing government and community services, an extended role for nurses and removal of legal and other barriers to the delivery of services.⁵ Although the five-volume report was never formally tabled in Parliament and was condemned by many including Prime Minister Malcolm Fraser,⁶ it would in the long term prove to be ‘immensely influential in policy making for Family Planning Associations across Australia and for the family planning programs in Commonwealth and State Departments of Health’.⁷

The Fraser Government did not simplify arrangements as the RCHR had suggested. Instead it began implementing reforms to the health system, which led the FPOs into an era that would be characterised by administrative confusion and financial constraint.⁸ Having overhauled Medibank at the end of 1976, the government modified it three times in the 16 months to September 1979 and again in 1981.⁹ The upshot was that the original system was effectively dismantled and family planning clinic services, which were previously provided free, now had to be charged for. Each change affected the way grants

⁴ Royal Commission on Human Relationships, *Final Report*, vol. 1, 96-109.

⁵ *ibid.*, 66-8, 86-8.

⁶ Siedlecky and Wyndham, *Populate and perish*, 95.

⁷ Ryan, Ripper and Buttfeld, *We Women Decide*, 6.

⁸ For a detailed account of the complex funding environment at this time, see Marie Coleman, Interim report of the review of Family Planning Associations: consultation document. 3 vols, Canberra: Commonwealth Dept. of Human Services and Health, 1995, vol. 1, 69-71. Copy in FPAQ folder, Coleman Report, Box 6.

⁹ Siedlecky, 'The Liberals and Medicare': 3-4.

were administered¹⁰ and led to uncertainty, increased administrative loads and out-of-pocket expenses for the FPOs as they adjusted their accounting systems, employed finance officers and dealt with different categories of patients, many of whom were not covered by the new arrangements.¹¹ In 1981-82, only two-fifths of FPAQ clinic attendees were covered by Medibank or private insurance. The remainder (labelled 'unbillables') were among the two million Australians who had no form of health cover. At a cost of over \$20,000 in that year alone, the Association provided free services for this group rather than deter them from using the clinics.¹²

The introduction of user-pays reforms precipitated a 'no growth' period during which funding for family planning was cut and remained almost static for the next four years.¹³ During this time, FPAQ's share of the Health Program Grant for clinic services increased minimally from \$353,508 to \$384,391, while the Family Planning Program Grant for education and training activities rose by less than \$7,000. In calculating the Health Program Grant, the government now reduced the total allocation to each FPO by the amount of income they earned. With self-generated income amounting to around \$165,500 in 1980-81, FPAQ complained that this practice represented a penalty on efficiency and enterprise and stifled flexibility and independence.¹⁴

The FPOs were not the only ones critical of the new arrangements. In an unusual move, in October 1980 representatives of AFFPA and the Australian Catholic Social Welfare Commission met to discuss 'the crisis in family planning funding'.¹⁵ Despite their differing approaches, both were financially dependent on the Commonwealth and were united in the view that the current situation was unviable. They issued a joint press release urging the government to accept financial responsibility for services and requesting triennial funding as a means of achieving stability and facilitating forward planning. The FPOs were also supported by Malcolm McHarg, former consultant to the Jamison Commission of Inquiry into funding of hospital services. He criticised the government for basing its actions on the findings of the Commission, while ignoring its recommendations. By replacing program funding with

¹⁰ See, for example, letter from P. J. Johnstone, Assistant Director-General of Health (Hospitals and Nursing Homes Branch), Canberra, to Millburn, 26 July 1979.

¹¹ FPAQ, *Seventh annual report 1977-78* (Fortitude Valley: FPAQ, 1978), 5; FPAQ, *Eighth annual report 1978-79* (Fortitude Valley: FPAQ, 1979), 2.

¹² FPAQ, *Eleventh annual report 1981-82* (Fortitude Valley: FPAQ, 1982), 1.

¹³ Siedlecky, 'The Liberals and Medicare': 4.

¹⁴ FPAQ, *Tenth annual report 1980-81* (Fortitude Valley: FPAQ, 1981), 1-2.

¹⁵ Agatha Rogers and Wendy McCarthy, Press release, 14 October 1980, in AFFPA, *Annual report 1980-81* (Sydney: AFFPA, 1981), 25.

an aggregate health grant, it put non-government organisations in direct competition with hospitals for a share of a limited pool of funds. He argued that, as the FPOs offered efficient, effective services at a relatively low cost, the government should be supporting them and considering using their combined professional-volunteer operating system as a model for other services.¹⁶

Not only did the government affect the FPOs' incomes and administrative loads, but it also began advising on how they should apply their grants. For example, in 1977, when the Health Program Grant was increased by the inflation rate of 13.5 percent, the guidelines stipulated that only 10 percent should be used to fund the growth of clinic services. Labelling this a 'policy of controlled expansion', FPAQ chose to ignore the directive and put the money towards the extension of clinic services to cater for 'the natural growth rate' in demand.¹⁷

FPAQ was also frustrated by the State Government, which was reticent with funding and had a negative impact on the medico-legal and social environment. Although the government continued to make a grant for education, it was maintained at the same level for five years. In 1980-81 when the contribution increased from \$57,000 to \$83,680, rather than showing gratitude, the Association pointed out that this did not represent a gain at all, but simply maintained the 1976 value.¹⁸ FPAQ's hope that contraception would become more freely available through Community Health centres faded when the Commonwealth devolved funding for this program to the states and the Bjelke-Petersen Government refused to administer it.¹⁹ Vasectomy remained out of bounds and FPAQ was forced to tread very cautiously on the issue of abortion. Its calls for legalisation of condom vending machines were ignored and efforts to have sex education included in the state school curriculum were frustrated. All of these issues and the government's confrontational approach to those who spoke out in protest led the Association to adopt a conservative public stance. This included not openly criticising the government or taking part in the street marches and demonstrations which were the order of the day.²⁰

The Council remained stable and members worked hard to ensure that FPAQ performed well and was publicly accountable. The Council met quarterly, while the Executive Committee met five times a year

¹⁶ Malcolm McHarg, 'FPAs: a success story based on stated objectives and distinctive competence', *Annual Report 1980-81*, AFFPA (Sydney: AFFPA, 1981), 5; Commission of Inquiry into the Efficiency and Administration of Hospitals, *Report, December 1980* (Canberra: AGPS, 1980).

¹⁷ FPAQ, *Seventh annual report 1977-78*, 4.

¹⁸ FPAQ, *Tenth annual report 1980-81*, 2.

¹⁹ Siedlecky, 'The Liberals and Medicare': 4.

²⁰ These issues are dealt with in detail in subsequent chapters.

or more often if necessary. As Secretary of the Association, Administrator Marjorie Millburn attended all meetings, kept minutes, dealt with correspondence and maintained a register of members.²¹ Always conscious of the need to shore up FPAQ's cause by having the right people on side, when Council positions became available, influential or high profile candidates were invited to stand for election. One such person was Quentin Bryce, now Governor-General, who joined in 1981 and made a significant contribution for the next 10 years, not least through her experience and contacts as a lawyer, feminist and member of the National Women's Advisory Council.²²



Figure 26: FPAQ Council meeting 1988-89. Left to right: Jennifer Muller, Prof Colin Austin, Dr Alan Blackshaw, Rosemary Kyburz, Patricia Shannon, Dr Pamela Chick, Marjorie Millburn, Dr John Campbell, June Morris, Glennis Hinton, Dr Tony Clements, Dr Mary Sheehan, Elizabeth Faladt (FPAQ AR 1988-89, 8)

In terms of senior staffing, Millburn continued to oversee day-to-day management of all sections, June Morris looked after education and nursing services and Dr Pamela Chick took sole charge of medical services when Dr Jill Morrison departed in 1977. Following resolution of earlier problems, the branches were now managed by Clinic Supervisors who were directly accountable to the Administrator. The efforts of Council members and staff were recognised in 1977 when Millburn, Dr Arthur Crawford, Alayne Peterson, Muriel Wilson and Beryl Richards were awarded Queen's Silver Jubilee Medals. As well as acknowledging individual contributions, the awards represented public recognition of FPAQ's work in Queensland.²³

²¹ FPAQ, Memorandum and Articles of Association of FPAQ, Notice of resolution, 3 December 1974.

²² FPAQ, *Eleventh annual report 1981-82*, 3. The Council had been established by the Fraser Government in 1978.

²³ FPAQ, *Sixth annual report 1976-77*, 4.

As might be expected, internal tensions surfaced from time to time. A written exchange between the Administrator and Council member Petah Battersby illustrates this and provides an example of the way conflict was dealt with.²⁴ In May 1979, Battersby complained that the minutes of the previous meeting were a misleading record of items she had placed on the agenda regarding the function of the Council and the way meetings were conducted.²⁵ They recorded briefly that procedural issues raised by Battersby had been discussed, but concluded that ‘nothing substantive arose from the general discussion’.²⁶ Irritated by the dismissive tone, Battersby documented her concerns and asked that they be considered by the Executive and recorded in the minutes, rather than merely being ‘tabled’ or ‘circulated’. She queried the Council’s understanding of the word ‘policy’ and posed a series of questions: Did FPAQ have any policies? Who was responsible for making them? Should AFFPA attempt to formulate or coordinate policies nationally? What was FPAQ policy on abortion and sterilisation? She questioned the role of the Council, suggesting that, rather than being actively involved, it was merely ‘rubber-stamping’ decisions that had already been made. She also suggested the Council consider appointing an honorary secretary to free the Administrator of this role.²⁷

Millburn responded point by point, referring to the Memorandum and Articles of Association and the 1974 management consultant’s report to justify her arguments.²⁸ This riled Battersby even more and prompted an angry reply. She questioned Millburn’s objectivity in the joint role of Administrator and Council Secretary, documented what she believed were procedural irregularities in meetings and minute taking, and reiterated her belief that the Council was merely a rubber-stamp, with control of the Association being vested in a small number of people. She also expressed dismay at the way she had been treated:

My attempts to find out how things work have been met with suspicion and sarcasm...Dr Clarke ‘welcomed’ me to the Council with an urbane ‘Mrs Battersby will keep us on our toes’. I have held my tongue and watched with dismay, trusting the dictum ‘keep your mouth shut until you know what you are talking about’. It has become apparent: 1. that such information would not be available until it was extricated; 2. that much of the running of the Association takes place other than at Council meetings; 3.

²⁴ At the time of the *Women’s Health in a Changing Society Conference*, Battersby was President, Zero Population Growth (Queensland Branch), see Petah Battersby, ‘Teenage pregnancy and the age of consent’, in Commonwealth Dept of Health, *Women’s Health in a Changing Society*, 73-9.

²⁵ Memo from Petah Battersby to FPAQ Council and Executive Committee, 28 May 1979.

²⁶ FPAQ, Minutes of Council Meeting, 5 February 1979.

²⁷ Memo from Battersby to FPAQ Council and Executive Committee, 28 May 1979.

²⁸ Memo from Millburn to FPAQ Council and Executive Committee, 12 June 1979.

that the Executive committee does not legitimately exist within the terms of the Memorandum of Association; 4. that there are more important matters related to the direction of the Association than are seen as agenda items to be discussed at Council meetings. I could go on and on. But a final observation can be made that 'open government' – which implies access to information – and democracy are apparently lacking in the present system of organisation.²⁹

Battersby's outburst had little direct impact on the way FPAQ was run. Her letter was read out at the August meeting but detailed discussion was postponed because of more pressing matters.³⁰ She was among the one third of Councillors due to retire by rotation prior to the next AGM and although initially she indicated that she would stand for re-election, she did not. In October her time with FPAQ came to an end, no doubt to the relief of the Administrator and some members of the Council.

By this point, Millburn had established herself as a tough protagonist who was able to weather such attacks and deal with criticism. She had the support of the Council because she was dedicated, pragmatic and capable of achieving what the Association needed to survive and thrive. At the time of Battersby's complaints, she and the Council were dealing with disruptive changes in Commonwealth Government policy and cuts in funding,³¹ formulation of a policy on abortion in response to scrutiny by the State and Federal Governments,³² ongoing tensions with the Richards in Townsville,³³ difficulties with medical and clinic supervision in Cairns,³⁴ and demands by the branches for representation on the Council and paid travel to attend meetings.³⁵

Problems with the Cairns and Townsville branches continued to be documented. In August the Administrator's Report indicated that Dr Robert Ellwood had not replied to letters from Council. It also included an extract from a letter by Clinic Supervisor Beryl White describing the clinic as 'bedlam [with] women, children and from all walks of life [making] it difficult to discuss anything' with a

²⁹ Letter from Battersby to FPAQ Chairman, Administrator, Council, and Executive Committee, 9 July 1979.

³⁰ FPAQ, Minutes of Council Meeting, 27 August 1979; FPAQ, Administrator's report to Executive Committee Meeting, 10 September 1979; Memo from Millburn to Members of FPAQ Council, 9 October 1979.

³¹ Letter from P. J. Johnstone, Assistant Director-General of Health to Millburn, 26 July 1979; Letter from C. P. Wendell-Smith, AFFPA Chairman, to R. G. Hunt, Minister for Health, Canberra, 19 October 1979.

³² Millburn, Administrator's report to Council, 28 May 1979; Memo to AFFPA Executive Officer, 30 August 1979.

³³ Millburn, Report on visit to Townsville, 13-14 September 1979.

³⁴ Millburn, Administrator's report to Executive Council, 6 August 1979.

³⁵ Letter from Barton Clarke to Sir William Knox, Minister for Health, 17 May 1979; 'Resolution to be considered by Council of FPAQ at May 1979 meeting'; FPAQ, Minutes of Council Meeting, 28 May 1979.

visitor from the Commonwealth Department of Health.³⁶ White later complained about interference by Ellwood in the running of the clinic and ongoing requests that nursing staff, referred to as ‘the girls’, attend Committee meetings, take minutes and carry out what they considered to be unreasonable and ill-conceived assignments in the clinic. The report also mentioned the resignations of Clinic Supervisor Myla Thomas and Dr Michael Carrette, attributing both to Ellwood’s behaviour.³⁷

Conflict with the Townsville branch continued until June 1980 when Beryl Richards left FPAQ.³⁸ Her resignation came about as an unexpected by-product of Battersby’s complaints about the way FPAQ was run. Although Battersby did not seek re-election at the AGM, she did attend. She distributed a letter to members of the Council who were there and posted copies to those who were not. Professor Richards evidently showed his copy to his wife, who rang Battersby to concur with her views. When Battersby indicated to Millburn that this had occurred, advertently or inadvertently, she set the scene for the demise of Geoffrey and Beryl Richards, both of whom had worked tirelessly for the Townsville branch and for the rights of all regional branches.³⁹

The Australian Federation of Family Planning Associations played an important role in the development of all FPOs, particularly after 1978, when Wendy McCarthy became its first full-time executive officer. She was a progressive, energetic feminist who had inside knowledge of family planning through her work as an educator at FPA/NSW. After a relatively dormant period which followed the establishment of AFFPA, McCarthy rejuvenated the secretariat, transforming it from a body that merely serviced meetings of the Federal Council, to one which provided high-level advocacy, practical assistance, an authoritative voice for members and a source of informed comment for the media. She fostered family planning throughout Australia, involved the federation in popular forms of mass communication and promoted access to information and services as a preventative health measure and a basic human right. As a member of WEL and the first National Women’s Advisory Council, she also had an extensive network of influential contacts.⁴⁰

³⁶ Millburn, Administrator’s Report to Executive Council, 6 August 1979.

³⁷ Memo from the Administrator to Members of Council, 3 March 1980.

³⁸ Administrator’s Report to Executive Committee Meeting, 30 June 1980.

³⁹ This information is extracted from Administrator’s Report to Council, 29 October 1979. Although there is mention of a letter addressed to Millburn and circulated to Council members at the AGM, this does not appear in FPAQ files; nor does a follow-up letter from Millburn to Professor Richards, which is also mentioned. In a personal communication with the author, 7 December 2007, Millburn confirmed this sequence of events and the consequences.

⁴⁰ Siedlecky and Wyndham, *Populate and perish*, 133, 176.

AFFPA organised national conferences, workshops and forums. It provided members with practice and policy guidelines and resources, and fostered research into the social and medical aspects of family planning. It maintained links with IPPF, fulfilled its obligations as a member and reported on its activities through Annual Country Reports. Muriel Wilson continued to represent FPAQ on the National Council and kept Queensland members up to date with AFFPA and IPPF activities. The regular reports she presented at FPAQ Council meetings demonstrate the individual and organisational commitment which membership of both federations demanded and the mechanisms by which values, ideas and policies were transmitted from IPPF, via AFFPA, to the individual FPOs.⁴¹

IPPF grew enormously in the decade to 1977 and continued to exert a powerful force on the family planning movement in Australia and worldwide. It now had 90 members, an operating budget of \$37.8 million, and was employing 326 staff in its London headquarters and six regional offices.⁴² In 1977, the Federation restructured and initiated a Members Assembly which aimed to increase the involvement of members and give them a more effective voice.⁴³ The Assembly met at three yearly intervals to discuss issues of concern and decide on future directions. This led to periodic publication of documents such as policy handbooks and plans of action which provided guiding principles and codes of conduct for members. In 1979-80 AFFPA formulated a Three Year Plan 'in line with the IPPF Plan'. This enabled it to state its intentions clearly in efforts to gain the support of significant others, and provided a baseline against which to assess its achievements.⁴⁴

With IPPF support, AFFPA increased its involvement in the South Pacific region and laid the foundation for an ongoing overseas program. Its work in this area was officially acknowledged in 1983 by the Australian Development Assistance Board which accredited it as a non-government provider of assistance in developing countries.⁴⁵ A number of times during the formative years of the program, Millburn visited the Family Planning Association of Papua New Guinea to help it fulfil the administrative requirements of IPPF's work program and budget planning process.⁴⁶

⁴¹ See for example, Muriel Wilson, Brief Report of AFFPA Meetings held in Sydney, 15-6 February 1978.

⁴² Foley, Non-governmental organizations as catalysts, 129.

⁴³ *ibid.*, 144-6.

⁴⁴ AFFPA, *Annual report 1979-80* (Sydney: AFFPA, 1980), 31.

⁴⁵ AFFPA, Annual Country Report to IPPF Regional Council Meeting, June 1983.

⁴⁶ FPAQ, *Twelfth annual report 1982-83* (Fortitude Valley: FPAQ, 1983), 20.

In 1982, when FPAQ celebrated its tenth year of providing clinic services, it reflected on how far it had come: 'The fledgling Association of 1971 has become an established part of Queensland's social services...Ten years ago the idea of a comprehensive family planning clinic as we now know it, was barely envisaged in Queensland except by a far sighted few'.⁴⁷ Despite all obstacles, FPAQ had continued to make rapid progress and become firmly entrenched. Clinic consultations had doubled since 1976, professional training courses were regularly oversubscribed and community education services were expanding in all centres. Earlier on it had been disappointed that the media was not publicising the serious aspects of its work, but that was beginning to change as new Publicity Officer Helen Draper explored fresh ways of promoting the Association and its work. Although the Fraser Government supported family planning 'as an important measure of preventive health care'⁴⁸ it had made life difficult for all members of the Australian movement. Early in 1983, events unfolded which would enable the FPOs to look more optimistically to the future.

The Hawke-Keating Labor Era, 1983-96

Prospects for the FPOs improved from March 1983 when the Labor Party was returned to power and Bob Hawke became Prime Minister. While continuing the Family Planning Program, the new government replaced deficit funding with a direct subsidy grant, which allowed the Associations to retain 85 percent of their gross trading receipts. FPAQ welcomed this arrangement, believing it would lead to greater financial certainty and flexibility to determine its own future. The tone of the 1982-83 annual report was more buoyant than it had been during the previous five years, recording a highly successful, exciting year which marked 10 years of service in its first four branches. It had provided more clinic, education and training services than ever before and established a Building and Development Fund.⁴⁹

Financial pressure on the FPOs was further relieved during the next financial year. From July, the government began funding AFFPA as a national secretariat through the Community Health Program.⁵⁰ This was followed in February 1984 by beneficial changes to the healthcare system. Medibank was replaced by Medicare, which once again provided Australians with universal health insurance.

⁴⁷ FPAQ, *Eleventh annual report 1981-82*, 1.

⁴⁸ Siedlecky and Wyndham, *Populate and perish*, 139.

⁴⁹ FPAQ, *Twelfth annual report 1982-83*, 1-2.

⁵⁰ AFFPA, *Annual report 1982-83* (Sydney: AFFPA, 1983), 15.

Medicare was based on bulk-billing, a 1.25 percent levy on income, an 85 percent rebate on scheduled fees and free medical treatment for disadvantaged and public hospital patients. While the FPOs were disappointed that it would not cover fees for services provided by nurses, they nonetheless appreciated the fact that they could once again provide free medical consultations.⁵¹ The vastly improved conditions were interpreted by the FPOs as acknowledgment of their value as providers of preventive health care and acceptance by the community.

With its share of the Health Program Grant for 1983-84 amounting to just over \$800,000, double what it had been two years previously, FPAQ took advantage of this and growing self-generated income to plan for the future.⁵² It purchased a disused pharmaceutical warehouse at 100 Alfred Street, Fortitude Valley with the aim of remodelling it as a service centre and administrative headquarters. This was a timely move, given the vulnerability and run-down state of the Brunswick Street building:

The premises were burgled yet again...In January, a violent hail storm caused flooding in the basement, broken windows and damage to walls and carpeting. None of this was repaired by the owners as the property was changing hands yet again prior to redevelopment. In May the Association was required to give up the Bookshop, Education and Administration area, reducing us to troglodytes in the basement. This meant considerable overcrowding, and we were unable to invite our usual numbers of visitors.⁵³



Figure 27: Mitchell House 100 Alfred Street, Fortitude Valley before and after renovations. (FPAQ, AR 1983-84, 2; AR 1986-87, cover)

⁵¹ FPAQ, *Thirteenth annual report 1983-84* (Fortitude Valley: FPAQ, 1984), 3-5; Siedlecky and Wyndham, *Populate and perish*, 4.

⁵² FPAQ, *Eleventh annual report 1981-82*, Schedule 3/1; FPAQ, *Thirteenth annual report 1983-84*, 14.

⁵³ FPAQ, *Fourteenth annual report 1984-85* (Fortitude Valley: FPAQ, 1985), 9.

At the end of August 1985, staff moved into the Alfred Street building which offered all the facilities FPAQ needed to undertake an expanding range of activities. The official opening was delayed for almost a year until the Prime Minister's wife, Hazel Hawke, was able to fit it into her busy schedule. The following year's annual report indicated that official visits had resumed in force and the high standard of the building was making a 'tremendous difference to the Association's public image and the way family planning services were perceived'.⁵⁴

A challenge to the constitution

Promoting and maintaining a respectable, untarnished public image was of the utmost importance to FPAQ. This goal unexpectedly came into focus in 1984-85, when it faced a legal challenge to its constitution. Because of the widely dispersed nature of members, the Association had a system of postal and proxy voting for those who were unable to attend meetings. Although not specified in the constitution, official notifications of meetings indicated that absentee votes should be received at least 48 hours prior to the commencement of proceedings. Dr Peter Bayliss, well-known abortion provider and proprietor of the Greenslopes Fertility Clinic, had been a member of the Association since coming to Brisbane in 1977. Having been nominated for a position on the Council, he arrived at the October 1984 AGM with his solicitor and a number of proxy votes, which he submitted when the election began. In the absence of FPAQ's own legal counsel, the meeting resolved not to accept the proxies. Bayliss subsequently failed to be elected and, according to Millburn, left the meeting saying, 'You'll hear about this!'⁵⁵ Through his solicitors, Bayliss demanded that FPAQ hold an extraordinary general meeting for the purpose of re-electing members. While the Association agreed and the meeting went ahead, the result remained the same.⁵⁶

Seven months later, Millburn was handed a writ summoning FPAQ to appear in the Supreme Court within eight days on charges relating to the election. The writ was initiated by Bayliss and his colleague Pauline Scullion who claimed that the proxy votes should have been accepted; that because they were not accepted, the elected Council was not legitimate; and finally, that any decisions made by the

⁵⁴ FPAQ, *Sixteenth annual report 1986-87*, 6.

⁵⁵ Memo and Affidavit from Millburn to FPAQ Council, 9 August 1985; Bannah, ed., *Family Planning Queensland*, 39-40.

⁵⁶ Letter from Hopgood & Ganim Solicitors to FPAQ Secretary, 22 October 1984; Letter from Cannan and Petersen to Millburn, 29 October 1984; FPAQ, Notice of Extraordinary General Meeting, November 1984.

Council since the election were invalid.⁵⁷ The latter charge was the most worrying for FPAQ as decisions regarding the new building had been made since then.⁵⁸

The Council consulted its solicitors, then a barrister and, after five nerve-wracking months, Millburn and Auditor Bruce Sackson appeared in Court on behalf of FPAQ.⁵⁹ In December, when Justice J. Ryan handed down his findings, the Council was relieved to learn that only one of the charges was upheld. He ruled that in the absence of specific directions in the Articles of Association, FPAQ was wrong not to have accepted the proxy votes. He declared, however, that had it done so, it would not have made any difference to the result and, therefore, the Council was considered to have been duly elected and any decisions made since the meeting to be valid. In light of the findings, he ruled that costs should be split proportionately, with one-third to be paid by FPAQ and two-thirds by the challengers.⁶⁰ Even before the case went to court, FPAQ had held an Extraordinary General Meeting which resolved to amend the Articles of Association to prevent such a situation arising in the future.⁶¹

Impact of HIV/AIDS

By the time the Bayliss challenge was resolved, FPAQ was turning its attention to the rapidly emerging HIV/AIDs pandemic and considering what preventive action it could take. The first Australian death from AIDS had been reported in November 1982, after which the incidence increased rapidly, peaking at around 3,000 in 1984.⁶² The first mention of HIV/AIDs in FPAQ records occurred in August 1985 when the Council resolved to approach the State Government for permission to install condom vending machines on its premises, an act that was illegal at the time.⁶³ The request was refused and the Bjelke-Petersen Government continued to deny the threat posed by HIV/AIDS.

⁵⁷ Pauline Scullion & Peter Bayliss v. The Family Planning Association of Queensland. Writ of Summons 1953, (Supreme Court of Queensland 1985).

⁵⁸ Bannah, ed., *Family Planning Queensland*, 40.

⁵⁹ Memo from Millburn to FPAQ Council, 26 November 1985.

⁶⁰ Scullion & Anor v. The Family Planning Association of Queensland, 10 ACLR 249, (Supreme Court of Queensland 1985). (Accessed 19 September 2006, via LexisNexis); Letter from Cannan and Petersen to Millburn, 11 December 1985; 'Bayliss loses in court votes bid', *Daily Sun*, 3 December 1985; 'Doctor's court bid fails', *Courier-Mail*, 3 December 1985. For a discussion of the findings see, Australian Institute of Company Directors and Company Directors' Association of Australia, 'Battle of the proxies', *Company Director* 2, no. 4 (1986): 12.

⁶¹ Letters from: Cannan and Petersen to Millburn and the Commissioner for Corporate Affairs, 17 July 1985; Letter from G. Wilson for the Commissioner for Corporate Affairs to Cannan and Petersen, 16 October 1985.

⁶² Lewis, *Thorns on the rose*, 407.

⁶³ FPAQ, Minutes of Council Meeting, 9 August 1985; Letter from Millburn to Brian Austin, Minister for Health, 3 September 1985.

By way of contrast, the Hawke Government adopted an enlightened approach to management and control of the pandemic, one which was inclusive of all FPOs. It implemented a national public health program which involved partnerships between all levels of government, the community and non-government organisations, and was formalised in a series of HIV/AIDS strategies. Acknowledging the deficiencies of the narrow, medically-oriented 'old public health' view that had defined sexual health simply in terms of the absence of disease, the government instead adopted a 'new public health' approach which embraced the principles of primary health care and health promotion articulated in the Declaration of Alma Ata (1978) and the Ottawa Charter for Health Promotion (1986). The new approach combined medical, lifestyle and public health methods to eliminate the transmission of HIV and minimise the personal and social impact. It also embraced at-risk minority groups such as homosexuals, injecting drug users, prisoners, indigenous people and youth.⁶⁴



Figure 28: An AIDS Matched Funding grant enabled HIV/AIDS awareness training for all staff (FPAQ, AR 1990-91, 31)

As the FPOs had already been contributing to this approach and targeting at risk groups, it was logical for the government to work in partnership with them in its efforts to stem the spread of HIV/AIDS. The Whitlam Government's Community Health and Family Planning Programs had foreshadowed many of the principles embodied in the Alma Ata Declaration and Ottawa Charter and laid the foundation for the new public health in Australia.⁶⁵ Commitment to these principles by the FPOs was reinforced by

⁶⁴ Niyi Awofeso, 'What's new about the "New Public Health"', *American Journal of Public Health* 94, no. 5 (2004): 705-7; Baum, *The new public health*, 29-45; Lyn Talbot and Glenda Verrinder, *Promoting health: the primary health care approach*, 3rd ed. (Marrickville: Churchill Livingstone, 2005), 1-10.

⁶⁵ Baum, *The new public health*, 31-2.

IPPF, which received an award from WHO in 1988 for its contribution to the goal of Health for All by the Year 2000.⁶⁶

Even though the Hawke Government had been generous with the FPOs from the start of its tenure, the threat posed by HIV/AIDS meant that family planning funding rose more than it might otherwise have done for the remainder of the decade. In 1987 the government made a special allocation of \$1.3 million for family planning, on top of the already generous Health Program Grant of \$7.7 million.⁶⁷ A condition of the extra funding was that the money be used to target disadvantaged and at risk groups. With assistance from the drug companies, FPAQ used its \$120,000 share to set up a branch in Toowoomba and add clinic services to the small education program it had been running there since 1978.⁶⁸ Health Minister Neal Blewett publicly endorsed the move, noting that as 'family planning provides important education and information services, professional training, clinical services and individual counselling' it would be an important asset in the Darling Downs region, particularly for the growing population of young people attending tertiary education institutions.⁶⁹

Buoyed by the establishment of its eighth branch, over the next two years, FPAQ paid out the Alfred Street loan and expanded and upgraded accommodation in Cairns, Rockhampton and Mt Gravatt. It also pressed ahead with plans to open yet another centre on the Sunshine Coast.⁷⁰ Although the government had supported opening of the Toowoomba branch, since then it had stated on a number of occasions that it did not wish to fund expansion of clinic services. FPAQ nevertheless purchased a property in Maroochydore and self-funded its ninth branch, which was officially opened by Senator Margaret Reynolds in January 1989. FPAQ persisted in taking the view that expansion was the inevitable outcome of an historical process and that, as long as local people endorsed the need for clinic services, as they had done at public meetings in Toowoomba and Maroochydore, then the Association should commit to providing them.⁷¹

⁶⁶ IPPF, *IPPF and the world*, 19.

⁶⁷ Neal Blewett, '1986-87 grants for Family Planning in Queensland', Press Release, October 1986, in FPAQ folder, Early Days Toowoomba, Box 4. The \$7.7 million included \$635,400 for the Australian Catholic Social Welfare Commission.

⁶⁸ FPAQ, *Sixteenth annual report 1986-87*, 17.

⁶⁹ Blewett, '1986-87 grants for Family Planning in Queensland.'

⁷⁰ FPAQ, *Seventeenth annual report 1987-88* (Fortitude Valley: FPAQ, 1988), 6-7.

⁷¹ FPAQ, *Eighteenth annual report 1988-89* (Fortitude Valley: FPAQ, 1989), 6-7.

The problem was that once branches were established, they then had to be maintained. Faced with this reality, FPAQ soon found itself with a 14 percent shortfall in clinic funding. Its reaction was to rail against the unfairness of the situation and blame both levels of government for its predicament.⁷²

Queensland difference

FPAQ regularly pressed its case by using the ‘Queensland is different’ argument to remind funding bodies and others of the difficulties posed by the state’s vastness and decentralised nature: ‘We have a Communication problem unknown to other states. From this basic difference flow many difficulties...relating to costs and equity in our provision of resources to distant centres.’⁷³



Figure 29: ‘Queensland is different’. This map was used periodically to draw attention to the vastness of the area covered by FPAQ (FPAQ, AR 1983-84, cover)

The reality was, however, that the Association did well under Labor. The Commonwealth grant did include a loading to compensate for the extra expense involved in servicing the regions and funding rose five-fold, from \$400,000 in 1983 to over \$2 million in 1990. FPAQ was also benefiting from the government’s new partnership approach, which enabled all FPOs to piggyback on lavish Commonwealth-funded education and promotion programs.

FPAQ was not alone in thinking that Queensland was different from the other states. Joh Bjelke-Petersen exploited the argument for his own political purposes and made the slogan ‘I stand up for

⁷² FPAQ, *Nineteenth annual report 1989-90* (Fortitude Valley: FPAQ, 1990), 7.

⁷³ FPAQ, *Eighteenth annual report 1988-89*, 6.

Queensland' his war-cry against the south. He continually bashed the 'Canberra socialists', vowed to keep communism and socialism out of Queensland and was responsible for setting in train the events which led to the downfall of the Whitlam Government.⁷⁴ Having already decimated the state Labor opposition in 1974, in 1983 he rejected the Liberals as coalition partners and led the National Party to an electoral victory which allowed it to govern in its own right.⁷⁵ The Bjelke-Petersen Government was renowned for using heavy-handed tactics in many spheres. These ranged from the demolition of historic buildings to abuses of civil liberties, opportunistic use of state of emergency powers and, more pertinently for FPAQ, authorisation of police raids on abortion clinics and on condom vending machines.⁷⁶ While many appeared to admire the Premier's style, more often than not, outside of the state, he was treated as a laughing stock. By association, Queenslanders of all political persuasions became the butt of southern jokes.⁷⁷ This was the case even in otherwise supportive family planning circles. June Morris recalled the humiliation she felt at meetings with her peers over issues such as sex education in schools, abortion, homosexuality and HIV/AIDS: 'They all used to laugh about us and we'd feel awful when we went to the interstate workshops because we were behind the times'.⁷⁸



Figure 30: Queensland Premier Joh Bjelke-Petersen, early 1980s (Moir, *Smile it's Joh's place*)

⁷⁴ Lunn, *Joh*, xi.

⁷⁵ Wear, *Johannes Bjelke-Petersen*, 167-8.

⁷⁶ Evans, *A history of Queensland*, 219-43; Fitzgerald, *From 1915 to the early 1980's*, 568-606; Julianne Schultz, 'Disruptive influences', in *Hidden Queensland*, ed. Julianne Schultz (South Brisbane: Griffith University and ABC Books, 2008), 9-54.

⁷⁷ Lunn, *Joh*, xii.

⁷⁸ Bannah, ed., *Family Planning Queensland*, 68.

After a lengthy period of appearing to be invincible, in the mid-1980s, chinks began to appear in the armour of the government. While the Premier was distracted by a misguided bid to become Prime Minister of Australia, allegations of police and political corruption culminated in the establishment of the Fitzgerald Inquiry in July 1987. After the public hearings began, it became clear that corruption in the police force was part of a bigger problem. This led to the expansion of the terms of reference to include the role of the government, the Premier and other politicians. In December 1987, one month before he was due to appear before the inquiry, Bjelke-Petersen resigned and was replaced by longtime adversary Mike Ahern.⁷⁹ This marked the beginning of a new era in the history of Queensland and of a more harmonious relationship between FPAQ and the State Government.

Ahern was a supporter of family planning, as was powerful National Party President Sir Robert Sparkes. During the Bjelke-Petersen era their liberal views on sex education, condom vending machines and, in the case of Sparkes, abortion, brought them into conflict with the Premier on more than one occasion. Aside from their personal commitment, they could see that politically the Party's failure to reform on issues such as these was counter-productive to its pursuit of city seats.⁸⁰ Once in office the new team set in train the legalisation of condom vending machines and the establishment of a committee to plan for the introduction of sex education in state schools. FPAQ responded by launching its own condom vending machine and inviting the Premier's wife Andrea Ahern to launch a new sex education program.⁸¹

It was not long before Queensland experienced further political upheaval. Despite being a consultative, progressive leader, Ahern was unable to stem the tide of National Party disarray which followed the recommendations of the Fitzgerald Report and the jailing of the former police commissioner and four government ministers. After only nine months as Premier he was replaced by Russell Cooper, an old-style conservative.⁸² At the election held on 10 December 1989, the Labor Party came to power for the first time in 32 years and Wayne Goss became Premier.

The nineties

The new decade heralded significant change for FPAQ at the organisational, state and national levels. Internally, key staff left. June Morris retired in December 1989, after 18 years of shaping and leading

⁷⁹ Graham Lloyd, 'Corruption Inquiry led to court case' and 'Joh's chooks are home to roost', *Courier-Mail*, 8 August 2003.

⁸⁰ Wear, *Johannes Bjelke-Petersen*, 113.

⁸¹ FPAQ, *Seventeenth annual report 1987-88*, 6-7; FPAQ, *Eighteenth annual report 1988-89*, 29-30.

⁸² Evans, *A history of Queensland*, 249-50.

nursing, education and information services and Dr Pamela Chick resigned in April 1991 to take up a position at the Royal Brisbane Hospital. For 15 years she had played an equally critical role in relation to medical services, research and the training of doctors. Other long-term staff who were replaced at this time were Principal Receptionist Shirley Johnston, Accountant Royce Rich, Librarian Toni Modra and Rockhampton Nurse/Educator Elizabeth Grigg. Given the technological and managerial changes which were taking place in the broader community, such a turnover provided an opportunity for organisational regeneration.

At the state level, the Goss Government began implementing social, legal, health and public service reforms, many of which would be beneficial to the Association and others in the non-government sector. It relaxed laws relating to homosexuality and prostitution, implemented a needle exchange program and provided funding for the establishment of community support services for groups at risk of HIV/AIDS. A major policy initiative was to strengthen women's rights and services and bring Queensland into line with national policy and practice. It created the Queensland Women's Consultative Council, which periodically held meetings in non-metropolitan areas to listen and give voice to women from all walks of life. The government established a Women's Policy Unit, which would ultimately formulate a Women's Health Policy, establish the Domestic Violence Prevention Centre and Women's Infolink and manage funding for community services, including FPAQ.⁸³ It also regionalised Queensland Health with a view to making services more responsive to the needs of the state's widely dispersed population and promoting greater access, equity and community participation than had existed in the past.⁸⁴

The Association welcomed all of these initiatives and staff throughout the state began participating in change. Millburn and Howard's appointment to the prestigious Women's Consultative Council and Women's Health Advisory Committee and the involvement of regional and metropolitan staff in various Queensland Health advisory committees were particularly valued as they represented formal recognition of FPAQ's role in the enhancement of sexual and reproductive health in Queensland. Also valued was exemption from payroll tax which finally occurred in 1992, after many years of FPAQ pressing the case. This represented a saving of more than \$121,000 in the first year alone.⁸⁵

⁸³ Bron Stevens and John Wanna, eds., *The Goss Government: promise and performance of Labor in Queensland* (South Melbourne: MacMillan Education Australia, 1993), 8, 173-8.

⁸⁴ FPAQ, *Twenty-first annual report 1991-92* (Fortitude Valley: FPAQ, 1992), 6, 13.

⁸⁵ *ibid.*, 6.

Relations with the Commonwealth Government also began to change at this time, not just for FPAQ but for all members of the Federation. On the positive side, the government altered funding conditions, combining the previously separate allocations for clinic and education services as a single 'grant-in-aid' under the Family Planning Program. The FPOs were now free to apply the money as they wished, as long as they did not charge for consultations and accounted separately for clinic and non-clinic services.⁸⁶ In 1990-91, FPAQ received almost \$2.6 million in government grants, representing just over 80 percent of its total income.⁸⁷

The government continued to be publicly supportive of the FPOs. In May 1991, when AFFPA hosted the national triennial forum for family planning councillors and professionals, Health Minister Brian Howe paid tribute to them for the services they offered and their pioneering role: 'Five years ago nobody could have imagined today's wide-ranging media discussion about contraception and the use of condoms, safe sex practices and so on. We all know AIDS was largely the catalyst for this, but the community at large was prepared through the work of Family Planning.' He acknowledged that the FPOs had not only paved the way for community understanding and acceptance of HIV/AIDS prevention measures, but had also played an important role in the lives of women by giving them greater control over their health, improving the quality of their lives and encouraging couples to share reproductive decision-making.⁸⁸

FPAQ's relationship with the Commonwealth soured as it attempted to assert its independence. Rather than heeding advice to curtail expansion of clinic services, the Association had persisted with 'a commitment to meeting continuing growing demand' in the belief that extra funding would be forthcoming. The new branches in Toowoomba and Maroochydore were thriving; so was the Gold Coast centre where, in September 1990, the Premier's wife Roisin Goss had opened an extension to enable the Association to service growing numbers of clients.⁸⁹ Over the next two years, not only did FPAQ purchase a second property in Alfred Street, with the aim of relocating education services to free up space for clinics, but it also extended and relocated the Ipswich branch.

⁸⁶ Letter from P. R. Tuckerman, Director, Commonwealth Dept of Health, to Millburn, 2 February 1987.

⁸⁷ FPAQ, *Twenty-first annual report 1991-92*, 7.

⁸⁸ FPAQ, *Twentieth annual report 1990-91* (Fortitude Valley: FPAQ, 1991), 33.

⁸⁹ *ibid.*, 6-7.

With former Treasurer Paul Keating now Prime Minister, the Commonwealth Government consistently refused FPAQ's requests for additional financial assistance. It rejected an application for charitable status which would have allowed tax deductibility of donations; it would not help with renovations to the new Alfred Street property; nor would it contribute to the costs of expanding and relocating the Ipswich branch. In relation to the latter it advised the Association to 'consider how else to use its funding to improve the provision of family planning services in Ipswich, for example by providing training and education for health professionals'. The Association protested at the 'Canberra speak' nature of the response and wondered just where the government thought such training should take place. It also pointed to the irony of the government's philosophy of 'access and equity': 'We must provide access to everyone but we do not receive sufficient funds to reach the most disadvantaged members of the community who also need our services. There is little equity in this situation'.⁹⁰

Stung by the government's negative response, FPAQ found some consolation in the successful launch of the new Ipswich centre by Governor General Bill Hayden in November 1992. In what was considered the highlight of the year, not only did Hayden express an understanding of international and local significance of family planning and give credit to the Association for helping change community attitudes in Queensland, but he also 'enthralled guests with personal anecdotes about contraception'. The following year's annual report expressed gratitude to Hayden for demonstrating 'that he at least understood very well the importance of the Ipswich Family Planning service and left us in no doubt as to its value'.⁹¹ In recording the fact that guests had been offered a choice of mint-flavoured condoms and Kool Mints, the report also confirmed that the Association had not lost its sense of humour.⁹²

Although on the surface FPAQ was highly successful, by the time of the Ipswich launch, warning bells had begun ringing for the Council. In 1991-92, which the Chairman described as 'a year of negative change', the Commonwealth grant did not cover clinic expenditure and the Association had to pay the shortfall of \$464,224 from its limited capital reserves.⁹³ A request for additional funding to cover growth in Toowoomba had been firmly refused by the government, which reminded FPAQ that the establishment funding was intended as a one-off increase only and that it should put less emphasis on

⁹⁰ FPAQ, *Twenty-second annual report 1992-93* (Fortitude Valley: FPAQ, 1993), 6-7.

⁹¹ *ibid.*

⁹² FPAQ, *Thirtieth annual report 2000-01* (Fortitude Valley: FPAQ, 2001), 32.

⁹³ FPAQ, *Twenty-first annual report 1991-92*, 7.

expanding services. Reluctant to accept this view, FPAQ continued to argue that it had an obligation to respond to public demand for services.⁹⁴

The Association was struggling to keep up with rapidly developing technology. In all areas, computerisation was a priority, but a difficult goal to meet, given the expense and complexity of hardware, software and support. At the beginning of the 1990s, just a few photocopiers, computers and printers were being shared by all staff and FPAQ was paying an external computer company to generate pay cheques. New staff did their best with limited resources to play catch-up and modernise their sections. By this stage, Lyn Stokes, FPAQ's first accountant to have a tertiary qualification, was managing the Association's finances in a funding environment which would become increasingly complex and constrained as the decade wore on.

Review of FPAQ, 1992

When the Council finally acknowledged that the Association would need to change tack, it employed former FPAQ educator, and then Health Promotion Consultant, Lea Shaw for a six week period to prepare a strategic plan for the future. Finding this impossible to achieve in the time, she presented the Council with a review of the Association 'as preparation for strategic planning'.⁹⁵ In its twenty-year history, there had never been a comprehensive review of the organisation and its services. The closest it had come was at the end of the 1980s when the Commonwealth Department of Community Services and Health commissioned a nationwide cost comparison of family planning services. While the resulting Chesterman Report concluded that FPAQ had a cost-efficient organisational structure, maintained useable reporting and management information and had one of the lowest costs per medical consultation, the findings were limited to clinic services only.⁹⁶ Absent from the investigation were education, training and information services, all of which were considered necessary for the successful delivery of a comprehensive family planning service. With just six weeks allocated for the task, the most Shaw could do was analyse the Association and its operations, identify strengths and weaknesses, and present a series of options to be considered in a more extensive strategic planning process.⁹⁷

⁹⁴ *ibid.*, 6-7.

⁹⁵ Lea Shaw, Report on review of the Family Planning Association of Queensland as preparation for strategic planning 1992, 51, in FPAQ, Box 6.

⁹⁶ FPAQ, *Nineteenth annual report 1989-90*, 7, 31; Esther Chesterman, Comparative cost study of the Family Planning Associations. Prepared in association with Deloitte Ross Tohmatsu, Andrea Mant, for the Department of Community Services and Health, 1990, in FPAQ, Box 6.

⁹⁷ Shaw, Report on review of FPAQ, 51.

On the positive side, Shaw commended FPAQ for providing high quality sexual and reproductive health services for the past 20 years, particularly given the adverse social and political environment. The report recognised that the Association had skilled, dedicated and effective staff; was held in high esteem nationally for its ability to provide decentralised services; had developed innovative, effective quality assurance procedures; and as a registered company, had complied with the requirement to present annual reports and audited financial reports to its members. On a less positive note, Shaw identified a number of management-related problems. These included the Association's failure to adapt to the Commonwealth Government's 'no growth, no expansion' policy; lack of forward planning; neglect of modern human resource management practices; and concentration on clinic services which absorbed 77 percent of the wages budget, at the expense of more cost-effective education and outreach services. She further noted that FPAQ was still operating under aims and objectives established in 1971 and that it was widely perceived to be conservative and middle-class.⁹⁸

Even though FPAQ was a not-for-profit charitable organisation, Shaw emphasised that it should nonetheless be run as a business venture, meet its obligations, and accumulate at least some contingency reserves. This could only be achieved by finding new sources of funding or by changing the current mode of operation. She put forward four options for the Council to consider: FPAQ could maintain the status quo, but rationalise services and develop new strategies; it could more directly target special needs groups, organise outreach clinics and education services, and gradually change its clientele; it could become a centre of excellence, focusing on professional training; or it could implement a combination of all of the above.⁹⁹

After considering the report, the Council chose the latter path. With the assistance of the Australian Institute of Management, it embarked on a strategic planning process, which resulted in the formulation of a vision statement and a set of guiding objectives. The 1993-94 annual report declared that, in working from the new strategic plan:

We are addressing priority areas in clinic services, professional training, education and information, in overall administration and in management. In all centres we endeavour to address our key areas of service

⁹⁸ Ibid., 28-33, 42.

⁹⁹ Ibid., 43-8.

- to young people, to country Communities, to people with disabilities, to non English speaking Communities and people of Aboriginal and Islander descent.¹⁰⁰

The Association's difficulties continued. Implementation of the strategic plan was not accompanied by the structural changes necessary to enable FPAQ to meet its financial commitments. Although clinic clients were now making donations towards payment for services and the drug companies were assisting with the costs of medical training programs, the organisation was unable to tap into any significant new sources of funding.

Internal challenges were compounded by a Federal Government initiative which caused Chairman Dr John Campbell to be far less positive in his appraisal of 1994-95. He reported that the whole year had been overshadowed by a review of the FPOs and the secretariat, which aimed to determine their relevance as major providers of sexual and reproductive health services.¹⁰¹ The review was initiated in July 1994 by the Department of Human Services and Health, following deliberations by the Council of Australian Governments. COAG's purpose was to facilitate structural reform and increase cooperation between the various levels of government, particularly where there were shared responsibilities. Because the Family Planning Program cut across the areas of public health, for which the Commonwealth was responsible, and community services, which were a state responsibility, it was targeted for scrutiny and possible devolution to the states.¹⁰² The review was led by public servant Marie Coleman who noted that, as a distinguishing characteristic, FPAQ put a 'higher emphasis on services by doctors' and 'unlike other states, there are no nurse practitioners'.¹⁰³ The review was time-consuming and costly and its interim report contentious. It was held in contempt by the FPOs who vigorously challenged the research methodology and the findings.¹⁰⁴

To make matters worse, while the review was still in progress, the FPOs were advised that funding for the following year would increase by only 1.89 percent, less than the projected rate of inflation.¹⁰⁵ Realising it would need to act promptly to meet its financial commitments, in 1995, the Council accepted an offer by a developer to purchase the Sunshine Coast property. Unwilling to close the

¹⁰⁰ FPAQ, *Twenty-third annual report 1993-94* (Fortitude Valley: FPAQ, 1994), 6.

¹⁰¹ FPAQ, *Twenty-fourth annual report 1994-95* (Fortitude Valley: FPAQ, 1995), 6.

¹⁰² FPAQ, *Twenty-fifth annual report 1995-96* (Fortitude Valley: FPAQ, 1996), 14.

¹⁰³ Coleman, Interim report of the review of FPAs, 17.

¹⁰⁴ Diane Rowling, Fellow of the Australian Faculty of Public Health Medicine, Comments on Reark Report, 10 May 1995, in FPAQ folder, Coleman Report, Box 6.

¹⁰⁵ FPAQ, *Twenty-sixth annual report 1996-97* (Fortitude Valley: FPAQ, 1997), 4.

service completely, it leased new premises for the growing education program and maintained a small clinic service in Maroochydore. On a more positive note, the Chairman concluded his annual report by stating that FPAQ had maintained services in all centres and developed new areas in nursing services, professional training and disability programs.¹⁰⁶

Despite the gloomy outlook at the national level, FPAQ was benefiting from vastly improved relations with the State Government. It had adapted to new State/Commonwealth fiscal arrangements which required it to submit ongoing applications for project funding and be more accountable for outcomes. As the Commonwealth increasingly directed funding to the states for the provision of health services, so FPAQ found ways to access it. Success with special-purpose grants was enabling it to diversify clinic, education, training and publication activities. In February 1996, in the dying days of the Goss Government, Health Minister Peter Beattie approved funding for the refurbishment of 106 Alfred Street for Education Services, a commitment that would later be honoured by the Coalition. Overall, the Association had developed a productive working relationship with the State Government which would continue for the rest of the decade.

The Howard Liberal-National Coalition Era, 1996-2001

Nineteen ninety-six was a year of significant political change at both the state and national levels. The conservatives gained power, with Rob Borbidge becoming Premier of Queensland and John Howard replacing Paul Keating as Prime Minister. Although FPAQ's relations with the State Government remained cordial, nationally, things went from bad to worse for the federation, which was now known as Family Planning Australia Inc. Having complained loudly about the Health Program Grant not keeping up with inflation under Labor, in October 1996 the FPOs were stunned when the new government delivered a 5 percent cut in funding through what was enigmatically described as an 'efficiency dividend'. This was followed by a further 5 percent reduction the next year and news that, after September 1997, the government would no longer provide funding to support the national body. The combined effect of these cuts was to reduce funding for the secretariat by 45 percent.¹⁰⁷ Members who were already struggling financially were now faced with the prospect of having to contribute even more to keep it afloat.

¹⁰⁶ FPAQ, *Twenty-fourth annual report 1994-95*, 8.

¹⁰⁷ FPAQ, *Twenty-sixth annual report 1996-97*, 7.

In crisis mode, FPA Inc. commissioned consultant Lee Cuppitt to examine its current and future functions. The resulting report was not kind. It found that the secretariat's objectives were outmoded, there was confusion regarding its national and international roles and little agreement on where it should be heading. Members were unhappy with the way it was run. They were concerned that it had not been advancing their cause and that attempts at lobbying had, in fact, alienated the government. Smaller and geographically distant associations felt alienated from the central body and powerless to contribute to decision-making and change. Despite the shortcomings identified by members, the consensus was that FPA Inc. should continue to lead the federation rather than head a peak body as the government had suggested. They feared that involving stakeholders such as the newly formed Australian Reproductive Health Alliance might lead to a takeover.¹⁰⁸

From the government's point of view, FPA Inc. was not essential. Although it viewed the federation's international work in a positive light, it believed responsibility for the program could be transferred to one of the state Associations. The government saw no value in financially supporting advocacy and lobbying activities, as it did not want to be told what to do. Instead it suggested the national body should redefine this role as 'liaison with key stakeholders' and begin moving in that direction. Frustrated by the federation's reluctance to become involved in formation of a national advisory body, the government warned that, if FPA Inc. did not step forward and take the lead, it would be prepared to negotiate with an alternative organisation. It was fed up with hearing about progress being blocked in important areas such as standards, training and data collection because of differing views of members. In short, the government made it clear it was no longer interested in funding the secretariat role per se: if the FPOs believed it was necessary, they should fund it themselves.¹⁰⁹

Restructure

The first round of funding cuts in 1996 prompted the FPAQ Council to set drastic measures in train. Having already reduced clinic services to balance the budget, it now concluded that sustaining nine centres was unviable. In response to an internal review which examined the role, functioning and efficiency of all branches the Council decided to retain the more distant ones and restructure those in

¹⁰⁸ Leigh Cupitt Consultant, Role and function study of Family Planning Inc., 1997, 12-14, 20, 22, in FPAQ, Box 6. See also FPAQ folder, Australian Reproductive Health Alliance, Box 8; FPAQ, Minutes of Council Meeting, Summary report of main issues from FPA meeting 25-6 May, 1996 and Teleconferences June and July 1996. The FPA Council voted not to enter into any form of agreement or linkage with AHRA.

¹⁰⁹ *ibid.*, 15-19, 25-6.

the southeast.¹¹⁰ The 1996-97 annual report put as positive a slant on the situation as it could, describing the events which followed as evolutionary development through change and restructuring. In May 1997, the popular Mt Gravatt service was closed after 21 years and replaced by outreach clinics at the QEII Hospital and Logan Youth Centre. This was followed in June by the transfer of Sunshine Coast clinic services to the North Coast Women's Health Centre, a newly incorporated service set up and run by former FPAQ clinic staff.¹¹¹ While these cuts attracted criticism, it was the projected closure of the Ipswich clinic which prompted the greatest outcry. Following extensive media coverage, criticism by One Nation politician Pauline Hansen, and a protest march through the city,¹¹² the West Moreton District Health Service finally came to the rescue by providing accommodation in the Ipswich Health Plaza. While the Association was grateful to be able to continue in Ipswich, the number of sessions was reduced and clinics and education programs were run as outreach services from Brisbane. Despite having an operating deficit of \$102,665, FPAQ was hopeful that the restructure would sustain services 'for the next year and the near future'.¹¹³

This was not to be and during the next few years, further cuts and crises followed. The Southport clinic was transferred to a private practice run by predominantly ex-FPAQ practitioners.¹¹⁴ The outreach services at QEII Hospital and Logan Youth Centre were discontinued¹¹⁵ and Saturday morning and other clinics were cut in all centres.¹¹⁶ Morale fell as salary levels and working conditions deteriorated and key staff left and were not replaced. With funding remaining almost static, FPAQ was restrained in marketing its services, fearing that promotion would lead to demands that it could not meet. While the state grant increased from \$118,000 in 1990 to \$294,000 by the end of the decade, this was assigned to Education Services and had little impact on the overall financial health of the Association. The Council continued to lobby the Commonwealth and sought the support of individual parliamentarians, arguing that extra funding was necessary to compensate for the impact of the vastness of Queensland, its decentralised nature and the higher concentration of disadvantaged groups on the delivery of services,¹¹⁷ but to no avail. It was already receiving a higher proportion than the other states – 23

¹¹⁰ For individual branch profiles, see FPAQ, Box 11. See also, Memo from Millburn to Council members, 19 March 1997.

¹¹¹ FPAQ, *Twenty-sixth annual report 1996-97*, 4, 5, 22.

¹¹² 'Clinics to close after cash cuts', *Courier-Mail*, n.d.; 'Cost effectiveness', *Satellite Weekly Times*, 7 May 1997; Unidentified newspaper clippings: Mark Strong, 'Protest crosses political lines'; 'Women's health centre future query'; 'Rally for FP clinic'.

¹¹³ FPAQ, *Twenty-sixth annual report 1996-97*, 41.

¹¹⁴ FPAQ, Minutes of Council Meeting 29 March 1999.

¹¹⁵ FPAQ, *Thirtieth annual report 2000-01*, 34.

¹¹⁶ FPAQ, Minutes of Council Sub-Committee, 30 May 2001.

¹¹⁷ Letter from Millburn to Dr Michael Wooldridge, Minister for Health and Aged Care, 3 May 2001.

percent of the grant compared with its 20 percent share of the national population and 21 percent of the total female target group.¹¹⁸

In 1999, FPAQ revised its strategic plan, hoping to arrive at a workable blueprint for the future. Strategies, performance indicators and timelines were devised to guide its activities and monitor progress.¹¹⁹ Unfortunately, as had previously been the case, the process was undertaken when the organisation was under duress and was not accompanied by fundamental structural or managerial change.¹²⁰ When this was coupled with rising costs and declining income, the situation was such that, by mid-2001, FPAQ was faced with an unprecedented financial crisis. With liabilities now exceeding assets, its future was grim.¹²¹

The movement

FPAQ was not unique in experiencing difficulties at this time. Since the early 1990s all FPOs had been struggling to adapt to changing political, social, economic, technological and corporate environments.¹²² With the parameters of sexual and reproductive health services broadening, federal funding stagnating and governments demanding greater accountability, their challenge was to identify where the future lay and find a viable way of moving forward. It was no longer good enough for them to be guided by humanitarian, social justice goals. Given the rise of the New Right and new managerialism, they were now required to justify their existence through quantitative evidence of performance and demonstrate success in terms of the government's economic reform agenda.¹²³ FPA Inc. had not recovered from the loss of national funding.¹²⁴ It had been unable to convince the Commonwealth that it was an integral part of a federation and not a peak body that could be dispensed with. This argument was further weakened when SHINE (formerly FPA/SA) chose to have its funding

¹¹⁸ Letter from Dr D. R. Filby, Deputy Director-General, Health Systems Strategy Branch, Queensland Health, to Millburn, 21 March 2000.

¹¹⁹ FPAQ, *Thirtieth annual report 2000-01*, 34.

¹²⁰ That strategic planning processes are unlikely to succeed if carried out when the organisation is under duress is shown in, Loretta Inglis and Stella Minahan, *Stakeholders and strategic planning: experiences of an Australian nonprofit organisation 1993-2001*, Working Paper 70/01 (Melbourne: Monash University, Faculty of Business and Economics, 2001), 9.

¹²¹ Ashley Gill, Special consultant's report commissioned by Family Planning Queensland, Brisbane, ITion, 2001, 6.

¹²² See for example, analysis of FPWA, in Jo Barker and Paul Anderson, 'Organisational change: a methodology to uncover the business idea', *Australian Health Review* 24, no. 2 (2001): 45-54. See also FPAQ Minutes folder, Summaries of FPA meeting 25-6 May 1996 and teleconferences June and 8 July 1996.

¹²³ Bay, 'The politics of NGOs: empowering marginal groups in a climate of micro management and distrust', *Social Alternatives* 27, 1 (2008), 46. See also, FPAQ folders, Commonwealth Dept of Health and FPA Rural Strategy, Box 8.

¹²⁴ Leigh Cupitt Consultant, Role and function study, 13. FPA Inc was an early casualty of Howard Government moves to defund representative bodies receiving national grants and pressure peak bodies to amalgamate. Bay, 'The politics of NGOs', 47 states that defunding of peak groups began in 1998 and that in the period from 2000-02, twenty such organisations lost their funding.

devolved to the State Government in November 1998, and six months later FPAQ decided to opt out of making a voluntary contribution to FPA Inc. and paid only the compulsory 0.4 percent of the Family Planning Program grant.¹²⁵

In the broader context, IPPF was also struggling to maintain relevance and assert its leadership. Having reached a peak of influence in the late 1970s, during the next decade it underwent a series of reviews and appraisals in a search for identity, direction and a workable structure.¹²⁶ It was also deprived of large amounts of funding as a result of its principled stand on women's right to safe abortion and the United States' imposition of the Global Gag Rule which aimed at appeasing the powerful anti-abortion lobby.¹²⁷ The Federation responded with authority to the HIV/AIDS crisis and was influential in broadening the paradigm of sexual and reproductive health. However, it began to falter in the wake of the Cairo and Beijing conferences, when issues of family planning and population control gradually shifted from centre stage and were replaced by considerations of more general determinants of women's health and welfare.¹²⁸

Despite all of this, IPPF maintained a presence in the lives of the Australian FPOs, which were obliged to comply with the requirements of membership and meet accreditation standards. FPAQ's direct involvement with the national and international bodies reached a peak in the late 1990s when Vice-Chairman Faileen James was elected President of FPA Inc. and became Australia's representative on the Council of IPPF's East and South East Asia and Oceania Region.¹²⁹

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In mid-2001 when the extent of the deficit became evident, the Council acted quickly to commission an organisational review.¹³⁰ Although the intention of previous reviews had been to initiate reform, the

¹²⁵ Faileen James, Report to FPAQ Council on National Council Meeting 19-21 November, 1999.

¹²⁶ Foley, Non-governmental organizations as catalysts, 157-8.

¹²⁷ The aim of the Global Gag Rule was to reduce the number of abortions worldwide, by denying funding to organisations which had anything to do with the procedure. This included counselling and referral and lobbying to make abortion legal or more readily available. IPPF, Statement on US House of Representative vote, <http://www.ippf.org/en/News/Press-releases/IPPF+statement+on+US+House+of+Representative+vote.htm> (accessed 21 June 2009); Dixon-Mueller, *Population policy and women's rights: transforming reproductive choice*, 72-6; Stephen W. Sinding, 'Why is funding for population activities declining?', *Asia-Pacific Journal* August (2005): 7.

¹²⁸ Ann K. Blanc and Amy O. Tsui, 'The dilemma of past success: insiders' views on the future of the international family planning movement', *Studies in Family Planning* 36, no. 4 (2005): 263-76; Sinding, 'Why is funding for population activities declining?': 3-9.

¹²⁹ FPAQ, *Twenty-ninth annual report 1999-2000* (Fortitude Valley: FPAQ, 2000), 36; FPAQ, *Thirtieth annual report 2000-01*, 29.

¹³⁰ FPAQ, Minutes of Council Meeting, 24 May & 5 July 2001.

difference now was in the make-up and determination of the Council, shifting power relations within it and growing awareness of the legal responsibilities of board membership. Whereas earlier governing bodies had incorporated well-intentioned, hard-working people with the necessary expertise to contribute to the goals of the organisation or add to its legitimacy, they had very little power and were constrained by the tight control which was exercised by the Administrator and the Chairman.¹³¹

Significant catalysts for change were Faileen James and Professor Chris Del Mar. James was a lawyer who had previously been an educator at FPAQ. Having joined the Council in the mid-1990s, she set about raising awareness of contemporary requirements of governance, highlighting the legal obligations of board membership and reforming processes from within. She conducted a governance review which led to recruitment of experts in areas such as finance and marketing and broadening of the skills available to the Council.¹³² Del Mar was Director of the Centre for General Practice at the University of Queensland. He was elected Chairman in 2000 after only three years on the Council.¹³³ He replaced Dr John Campbell who was an inaugural member and had been Chairman continuously since 1988. Unlike Campbell, Del Mar had no personal allegiance to FPAQ or the Administrator and was prepared to do whatever was necessary to rejuvenate the Association and lift it out of its difficult financial situation. To this end, he had the backing of most of the Council. Although it was still led by a doctor, with all but two members being from non-medical backgrounds, it had become more representative of the multidisciplinary nature of the organisation.

Among those who remained staunchly behind the Administrator were June Morris and Alan Blackshaw, both of whom retired in somewhat unpleasant circumstances after it was pointed out that, under Corporations Law, people aged over 72 years were ineligible to sit on company boards.¹³⁴ They had given tirelessly to the organisation – Morris since it began and Blackshaw since 1976. He was deeply offended by the way the situation was handled and disillusioned by what he viewed as the secrecy and unprincipled behaviour of the Council and the direction it was taking.¹³⁵ With her key allies gone, Millburn was now vulnerable. Although she had indicated that she was preparing to retire sometime in the near future, she had not fixed a date.

¹³¹ Lea Shaw, interview by author, Kelvin Grove, 23 April 2008.

¹³² *ibid.*,

¹³³ FPAQ, *Thirtieth annual report 2000-01*, 1.

¹³⁴ Email from Faileen James to Chris Del Mar, 9 August 2001.

¹³⁵ Letter from Alan Blackshaw to Marjorie Millburn, 6 August 2001.

Ashley Gill of the consultancy firm ITion was chosen to conduct the review on the strength of his financial and general management skills, and experience in consulting to not-for-profit health organisations.¹³⁶ When he began in August 2001, the terms of reference required him to analyse FPAQ's finances and delivery of services and make recommendations which could lead to long-term sustainability.¹³⁷ While initially he worked within these parameters, it soon became apparent that he would need to extend them in order to report adequately on issues he was uncovering. He requested and was granted permission to review a number of new areas, the most significant being the role and composition of the Board and the requirement for a new Chief Executive Officer.¹³⁸

After interviewing a representative sample of staff and examining documentary evidence, Gill delivered his report on 5 September 2001. He began by stating that:

FPQ has a proud history. Without exception the CEO, staff and Board members exhibit a dedication to its ideas that is rare in modern commercial practice. Evidence of this dedication is found in the length of service of employment and association with FPQ. Patients speak highly of the clinic service available as do the community at large in relation to education delivery.¹³⁹

He then noted that, in the course of his investigations, staff at all levels had consistently highlighted problems relating to financial issues and the way FPQ was being managed 'at CEO and Board level'. With the exception of Education Services, Gill found an overwhelming lack of commercial thinking and a culture which was manifest in the lack of income growth. In attempting to remain viable, management had focused on cutting costs by closing clinics, reducing hours, allowing capital assets to depreciate and denying staff improvements in working conditions. With decisions being made centrally, staff had no input into the budgeting process and no accountability for results. They therefore felt a lack of control and were not motivated to increase income or rationalise services.¹⁴⁰

Despite the fact that staff were working under severe financial constraints, Gill noted, as a 'remarkable feature of FPQ', their willingness to deliver more services, genuine loyalty to the organisation and commitment to its values. While staff overwhelmingly acknowledged the dedication of the Council and

¹³⁶ FPAQ, Minutes of Council Meeting, 5 July 2001.

¹³⁷ Terms of reference for consultancy commissioned by the Council of Family Planning Queensland, June 2001.

¹³⁸ Gill, Special consultant's report, 9.

¹³⁹ *ibid.*, 6.

¹⁴⁰ *ibid.*, 6, 10

the Administrator, he found an equally overwhelming desire for change. There was a widespread view that because of issues associated with communication, decision-making and general frustration, a number of valued employees had left to pursue other opportunities. There was a strong expectation that the Council would implement significant change and, if this did not occur, it was reasonable to assume that staff morale would deteriorate even further.¹⁴¹

To facilitate the major organisational and cultural reforms that were required, Gill made a number of recommendations. He suggested management should be decentralised so that the divisions could become more self-governing and take responsibility for budgeting, income-generation and achievement of predetermined levels of service delivery. To give the Council a more corporate focus, he recommended that it be renamed 'the Board' and its numbers reduced from an unwieldy 16 to a more committed group of six to eight members supported by specialist advisory subcommittees.¹⁴² This would enable it to provide strategic leadership, manage cultural change and achieve a more commercial focus. He also proposed that plans should begin immediately to replace the Administrator.¹⁴³

In the course of his investigations, Gill found that while there was enormous respect and admiration for Millburn and the Council for having guided the organisation for the past 30 years, there was uniform acknowledgment they should have taken a more proactive role in implementing change. What was required was a clear strategic direction, leadership in achieving it, improved methods of communication and a more consultative approach. The report also suggested that perceived barriers between the different sections of FPAQ needed to be addressed to ensure staff viewed themselves as part of a single entity working towards a common goal.¹⁴⁴

Gill commended Millburn not only for her past service but also for recognising that options for change needed to be explored:

Her cooperation with the review has been outstanding, providing insight into the organisation, historical perspectives and the climate in which FPQ operates. In addition Marjorie has provided free and open

¹⁴¹ *ibid.*, 2, 6, 10.

¹⁴² *ibid.*, 4-5

¹⁴³ *ibid.*, 11-14.

¹⁴⁴ *ibid.*, 11-12.

access to staff (including past staff), the Board and all documentation. She has encouraged interviews with a wide range of stakeholders.¹⁴⁵

He also applauded her for acknowledging that the change might need to be implemented by a newly appointed Chief Executive Officer. Given that she had already signalled her intention to step down in 2002, or earlier if required, he recommended that a new CEO be appointed as soon as possible.¹⁴⁶

In December 2001, just three months after the report was presented, Millburn retired. She was farewelled at a gathering of past and present Councillors, staff and supporters with speeches that variously reflected her career, her character, the history of FPAQ and her contribution to it. June Morris recalled their first meeting at primary school tuckshop, their close friendship, working together to open the first clinic and the challenges involved in bringing disparate personalities together into a workable whole.¹⁴⁷ Dr John Campbell focused on her pioneering role and the critical part she had played for more than 30 years. He made reference to the internal and external battles she had waged, and mostly won, and her willingness to rock the federation boat and stand up for what she believed was best for FPAQ.¹⁴⁸ Speaking on behalf of staff, Accountant Lyn Stokes thanked her for being personally supportive through their ups and downs and for encouraging them to push the boundaries of their roles, express their interests, and fulfill their potential, in the belief that what was good for the individual was good for the organisation.¹⁴⁹ Millburn's ability to work a crowd and her mischievous sense of humour were highlighted by Education Director Kelsey Powell. As an example of the former, she cited the visit of a delegation of high ranking health promotion officials from Beijing, whom she was simply asked to meet prior to a meeting. She arrived wearing a red silk blouse and gold brooch made up of Chinese characters and immediately had the visitors eating out of her hand. Powell also positioned Millburn in the seedy Fortitude Valley community. She recounted an incident in which she was standing on the footpath, wearing her trademark high heels and waiting for a lift home. When she was propositioned by a man who asked her what she charged, she replied in her prim English accent, 'Oh! Don't worry, you

¹⁴⁵ *ibid.*

¹⁴⁶ *ibid.*

¹⁴⁷ June Morris, Speech made at Marjorie Millburn farewell, 13 December 2001, in FPAQ folder, Millburn Farewell Speeches, Box 6.

¹⁴⁸ John Campbell, Speech made at Marjorie Millburn farewell, 13 December 2001, in FPAQ folder, Millburn Farewell Speeches, Box 6.

¹⁴⁹ Lyn Stokes, Speech made at Marjorie Millburn farewell, 13 December 2001, in FPAQ folder, Millburn Farewell Speeches, Box 6.

couldn't afford me anyway!'¹⁵⁰ The picture presented of the now-80-year-old was of someone who was in turn endearing but exasperating, tough but caring, outward looking but parochial, persistent, resilient and always concerned to protect and advance the needs of FPAQ.

In response, Millburn recalled the major turning points in her life which had led her to FPAQ. As a university student at the outbreak of the Second World War, she was co-opted to work in a train which had been converted to a maternity hospital. This introduced her to issues of women's health, in particular the physical, economic and emotional impact of pregnancy and childbirth. She became aware of the reality of abortion when she was personnel officer in the de Havilland aircraft factory. Here she worked with a nurse who helped 'bring on a period' for women with unwanted pregnancies. As a newly-wed in South America, she variously worked in the British Embassy and imported condoms for railway construction workers. Back in England, her own search for effective contraception led to her becoming a volunteer with the British Family Planning Association and opening and running a clinic in a Sussex village.¹⁵¹ All of this culminated in the role she took on so enthusiastically when she came to Queensland. What she did not mention was that she was born in 1921, the year Marie Stopes opened Britain's first birth control clinic. As such, she was a link between the past and present of the birth control movement.

Shortly after Millburn retired, the national federation acknowledged her dedication, achievements and unprecedented contribution to the family planning movement in Australia, by presenting her with the SHFPA President's Award and renaming it in her honour.¹⁵²

Until the latter part of the 1980s, the governance team was largely successful in fulfilling its obligations to FPAQ and its members – it shaped and endorsed the strategic and policy framework, ensured financial viability, and complied with legislative, statutory and contractual duties, obligations, terms and conditions. From then on, however, it failed to respond appropriately to changes in the 'structure of political opportunities' and this led to a dramatic shift in the Association's fortunes.¹⁵³ Having

¹⁵⁰ Kelsey Powell, Speech made at Marjorie Millburn farewell, 13 December 2001, in FPAQ folder, Millburn Farewell Speeches, Box 6.

¹⁵¹ Marjorie Millburn, Response to speeches made at farewell, 13 December 2001, in FPAQ folder, Millburn Farewell Speeches, Box 6.

¹⁵² FPAQ, *Thirty-first annual report 2001-02* (Fortitude Valley: FPAQ, 2002), 14.

¹⁵³ Doug McAdam, John McCarthy, and Mayer Zald, 'Introduction: opportunities, mobilizing structures, and framing processes - towards a synthetic, comparative perspective on social movements', in *Comparative perspectives*, ed. McAdam, McCarthy, and Zald, 12.

weathered the impact of Fraser Government reforms and advanced under the more generous regime of Prime Minister Bob Hawke, the management team chose to ignore entreaties by the Federal Government and its own consultants to reorient services away from the medical model of service delivery and put greater emphasis on education, training and health promotion. It began to falter in the Keating years as changing priorities in public health were enacted, funding became more constrained and greater accountability was demanded. Things went from bad to worse when the Howard Coalition came to power, imposed short-term outcomes-based funding, severely restricted grants, cut funding for the secretariat altogether and made it ever more difficult for the FPOs to meet the conditions of their contracts. Unable to find alternative sources of funding and lacking commitment to substantial change, the governance team jeopardised the financial viability of FPAQ and it drifted further into chaos. Even though the Council finally relented and allowed the nurse practitioner program to proceed, change came too late. By this stage the Association was in crisis and the strategic focus and underpinning structure of the organisation remained intact.

Power had become concentrated in the Administrator and Chairman, who between them set agendas and controlled meetings. Expansion of general membership was not encouraged. The spectre of Vimy Wilhelm's demise at the hands of a hostile board continued to haunt those who could remember and prompted a cautious approach to the recruitment of councillors. Candidates were mostly hand-picked and it was difficult for outsiders to be elected. This situation may well have continued but for shifts in the external governance environment and the actions of new players in the field. Change became inevitable when long-term Chairman Dr John Campbell resigned and was replaced by Professor Chris del Mar, and declining finances led the Council to commission a review FPAQ's operation and services.

A positive for the Association was its increasingly cordial relationship with the State Government and freedom from the tensions and legal constraints of the past. Many benefits flowed from the removal of Sales Tax, more generous funding and collaborations with various departments, particularly Queensland Health. FPAQ also benefited from the more liberal social environment which enabled it to deal with and air issues of sexual and reproductive health with much less controversy.

Membership of the national and international Federations had an ongoing impact on FPAQ, but in different ways and to differing degrees. In the early days, the influence of both was clear and, for the

most part, positive. As social movement organisations they lobbied to shape the broader political environment in which the FPOs were operating and were proactive in advancing the movement at the national and international levels. As their fortunes waxed and waned, so too did their influence. In spite of this, they remained integral to the functioning of the Association and the governance team consistently fulfilled its obligations as a member of both.¹⁵⁴

While in terms of governance, FPAQ emerged from this period bruised and battered, the fortunes of its service divisions were varied. The next three chapters examine clinic, education and publicity and promotion activities and explore the impact of management related issues on them.

¹⁵⁴ Each member Association was required to take part in a review every 5 years to ensure compliance with IPPF's standards, IPPF, *Accreditation in IPPF* (London: IPPF, n.d.), 3. See also FPAQ folder, IPPF, Box 8.

Chapter Seven:

Transforming clinic services 1977-2001

“Quality” in terms of reproductive health care is currently defined in a variety of ways. A consensus exists that good quality requires the presence of trained personnel in well-equipped clinics where clients are treated courteously and provided with a variety of appropriate services. The term, therefore, refers both to the readiness or level of preparedness of facilities to offer services and the manner in which clients are cared for.¹

In October 1977 the Final Report of the Royal Commission on Human Relationships highlighted the benefits of family planning as a preventive health measure and identified the Family Planning Associations as significant providers of contraceptive services, the main alternative to general practitioners and gynaecologists. The Royal Commissioners envisaged an expanding role for family planning clinics and put forward a number of reasons why. They provided specialist services, staffed by trained health care personnel who were willing and able to deal with the personal nature of consultations and the complex issues which often arose. They offered confidentiality and anonymity which was appealing for those who did not wish to discuss sexual matters with their regular doctor. The clinics also had the advantage of being available and affordable for adolescents and people who were marginalised or socially disadvantaged. Among limitations that the commissioners identified were delays resulting from demand for services and a shortage of clinics, particularly in country areas.² By the time the Report was released, FPAQ had established a network of clinics and through them was beginning to fill some of the gaps in services.

This chapter traces the evolution of clinic services from 1977 to 2001 and the challenges the FPAQ management team faced in providing them. It examines the impact of state and federal governments, the influence of the national and international federations, and the responses of all of these to the shifting paradigms of family planning and public health. It also explores the relationship between doctors and nurses, their changing roles in the clinics, and the Association’s responses to advances in contraceptive technology and the proliferation of old and new generations of sexually transmitted infections. Structurally, the chapter is arranged in time-spans which correspond with the tenures of the

¹ Saumya RamaRao and Raji Mohanam, 'The quality of family planning programs: concepts, measurements, interventions and effects', *Studies in Family Planning* 34, no. 4 (2003): 227.

² Royal Commission on Human Relationships, *Final Report*, 63-6.

heads of medical services, all of whom played dominant roles in shaping the clinics. Dr Pamela Chick oversaw the years of growth from 1977 to 1991; Dr Jane Howard steered them through a changing environment until 1996; and Dr Dianne Rowling and others guided them towards a review in 2001.

Although training services for doctors and nurses were integral to the provision of clinic services, given their educational purpose and sources of funding, they are dealt with in Chapter 8. Likewise, promotional and media activities with a clinical slant are mostly discussed in Chapter 9.

The Years of Growth, 1977-91

In 1977, FPAQ was thriving and its mood was buoyant. In the year to June, 79 predominantly part-time clinic staff delivered a total of 27,812 medical consultations, making it the second largest provider of family planning services in Australia.³ Shirley Johnston was principal receptionist, June Morris was in charge of nursing and Drs Jill Morrison and Pamela Chick were jointly managing medical services. When Morrison resigned in October 1977, Chick became head of services in the renamed position of Medical Superintendent. Having trained at FPAA in Sydney, Chick had started at FPAQ three years earlier as a sessional doctor and Medical Training Officer. As Medical Superintendent, she would lead the clinics for the next 14 years and help FPAQ achieve its aim of expanding services to cater for increasing public demand.



Figure 31: Dr Pamela Chick 1976 (FPAQ folder, Early Newsclips, Box 4)

³ FPAQ, *Sixth annual report 1976-77*, 12; AFFPA, *Annual report 1976-77*, 60. Clinic staff consisted of 2 Executive Medical Officers, 7 Clinic Supervisors, 25 doctors, 22 nurses and 20 receptionists.

At the beginning of this period, very few general practitioners in Queensland were trained in family planning and many people found it difficult to access contraception. These problems were exacerbated by the vastness of the state, a shortage of doctors in regional areas and the attitudes of some health care providers. As late as 1981 the *Sunday Sun* reported that ‘Many of the women have access to one doctor only and if he will not supply birth control they have to do without. Some town’s chemists refuse to stock contraceptives’.⁴ Mt Isa Educator Lisa Cowling highlighted challenges faced by those in her area:

There are no chemist shops in Queensland to the north, south or west of Mt Isa. Cloncurry to the east has one. Thus non-prescription contraceptives are impossible to obtain in most places unless people can easily write letters. Many people cannot. The outback centres are serviced by flying doctors...In Normanton, there is also a hospital-based doctor, but prescriptions have to be sent away in certain cases.⁵

FPAQ did its best to extend clinic services but was challenged by the actions of the Fraser Government. Funding was less generous than previously and progress was hampered by ongoing reforms to the health system and policies which aimed to curtail the expansion of family planning clinics. Each change led to increased administrative loads and confusion for staff as they grappled with different categories of patients, not all of whom were covered by the new arrangements.⁶ During what was commonly referred to as the ‘no growth period’, FPOs Australia-wide made regular complaints. As one of the more entrepreneurial, FPAQ was concerned that it was having to use income from donations and sales to subsidise clinic services, instead of using it to establish new centres or extend services. Despite the challenges, consultations rose by more than 85 percent during the Liberals’ time in office.⁷ The upward trend continued under the Hawke Government, until 1991, when 64,000 client visits were recorded.

In all centres, FPAQ focused on creating a welcoming environment for clinic clients. An early report from Cairns describes the ‘pleasant waiting room, toys for the children and music’, which helped create a ‘friendly, relaxed environment for the large number of single women, often aboriginal and unemployed, waiting to receive help and support’.⁸ Interesting posters, an array of brochures and

⁴ ‘Birth control banned by bush doctors’, *Sunday Sun*, 15 February 1981.

⁵ Lisa Cowling, Mt Isa annual report 1981-2, in FPAQ folder, Early Days Toowoomba and Mt Isa, Box 4.

⁶ Letter from P. J. Johnstone, Assistant Director-General of Health, to Millburn, 26 July 1979, explaining latest system and how to administer it.

⁷ FPAQ, *Sixth annual report 1976-77*, 7; FPAQ, *Twelfth annual report 1982-83*, 6-15.

⁸ FPAQ, *Eighth annual report 1978-79*, 9.

children's play areas in the waiting rooms helped project the Association as an approachable, reliable source of information and care for people from all backgrounds.

Staff in each branch worked as a team in which the receptionists were the first and last points of contact. Roneoed guidelines directed them to be sensitive to patients' circumstances, adopt a professional but friendly approach and maintain confidentiality.⁹ Consultations were built around the doctors who offered contraceptive, pregnancy and infertility counselling, cervical screening and referral to other agencies. Initially the nurses' role involved 'routine clinic procedures and attendance on the Medical Officers'. They also disseminated family planning information and responded to telephone queries which were often complex.¹⁰ As the clinics became busier, the nurses pressed for an extension of their role and from January 1978 they were allowed to do pregnancy testing and counselling. Following explicit guidelines provided by the Medical Superintendent, in the first six months they provided 1,685 such services. This reportedly led to a greater sense of teamwork and improved efficiency in the clinics.¹¹

Clients came from a wide range of backgrounds. An AFFPA survey conducted in 1978 found that most attended on the advice of friends, very few were referred by doctors, and patients who returned did so because they valued the expertise of staff and the confidentiality of the service. In keeping with trends in other states, unmarried women under 25 were the largest users of FPAQ services.¹² A follow-up survey of the Fortitude Valley clinic four years later revealed that almost 70 percent of clients were in this age group. Alarming, it also showed that 15 percent of those attending for the first time and 10 percent of the teenagers had already had an abortion.¹³ FPAQ clients mirrored the contraceptive-use trends of other Australian FPOs. In 1982-83 the pill was the preferred method of most first-time clients (63 percent), well ahead of diaphragms (4.1 percent), condoms (1.6 percent) and IUDs (1.1 percent).¹⁴

Annual reports reflected the diversity of the regions. Unemployment was common in many areas and the numbers of clients requiring subsidy were much higher than in Brisbane. Branch reports often

⁹ Notes for telephone enquiries and making appointments, July 1977, in FPAQ folder, Early Procedures, Box 4.

¹⁰ FPAQ, *Sixth annual report 1976-77*, 9.

¹¹ FPAQ, *Seventh annual report 1977-78*, 8.

¹² FPAQ, *Eighth annual report 1978-79*, 7; Erica Fisher and Graham Harrison, First report of the national survey of Family Planning clinic usage, AFFPA, 1979.

¹³ Pamela Chick, 'Who attends Family Planning clinics', *Australian and New Zealand Journal of Obstetrics and Gynaecology* 24 (1984): 214.

¹⁴ FPAQ, *Twelfth annual report 1982-83*, 6.

commented on the difficulties faced by clients and exuded compassion for them. Typical is an account submitted by the Clinic Supervisor in Cairns, which at the time was in transition from a sleepy, tropical outpost to a busy international tourism and big-game-fishing resort:

This clinic in the far north serves many patients who find themselves in an environment of extremes. Unemployment is high, cheap accommodation is limited and many women are living in very difficult circumstances. The clinic becomes very busy during the tourist season when unemployed single women in particular make use of the services. Almost half are under 21 and 69 percent are single. The sisters work closely with the Aboriginal health service and other health and welfare agencies.¹⁵

While the Gold Coast branch likewise serviced a young, transient population, it also saw a high proportion of patients over 40. The demographics of this area reflected increasing rates of interstate migration by younger and older people, variously attracted by the warm climate, the seemingly idyllic lifestyle, the ethos of development and State Government policies such as the abolition of death duties.¹⁶ A characteristic of the Ipswich branch was the growing number of South East Asian and other refugees attending from the Wacol Migrant Centre.¹⁷

The nature of the regions also impacted on staffing arrangements. Finding and recruiting doctors was an ongoing problem in Rockhampton. It also prevented expansion to the nearby mining town of Mt Morgan and the rapidly-developing port of Gladstone, where urgent needs had been identified.¹⁸ Although the Townsville branch had greater access to professionals, annual reports often referred to the transitory nature of army and university personnel and the difficulty of finding new women doctors when couples moved on.¹⁹

FPAQ maintained good working relationships with the drug companies and clients continued to participate in clinical trials of new contraceptives. In 1983 Wyeth won a tender to supply oral contraceptives to all FPOs. Under the terms of the bulk-purchasing agreement negotiated with AFFPA, the company supplied pills at heavily discounted prices and included extra packs free for disadvantaged clients. These were then distributed to the FPOs for whom the saleable packs became a significant

¹⁵ FPAQ, *Eleventh annual report 1981-82*, 12.

¹⁶ FPAQ, *Thirteenth annual report 1983-84*, 7; Fitzgerald, *From 1915 to the early 1980's*, 272.

¹⁷ FPAQ, *Eleventh annual report 1981-82*, 11.

¹⁸ FPAQ, *Tenth annual report 1980-81*, 12.

¹⁹ FPAQ, *Eighth annual report 1978-79*, 8; FPAQ, *Ninth annual report 1979-80* (Fortitude Valley: FPAQ, 1980), 9; FPAQ, *Tenth annual report 1980-81*, 11.

source of discretionary income. While individual doctors could choose to prescribe any brand for patients, only Wyeth pills were sold through family planning clinics.²⁰ In return for orders amounting to almost half a million pill packs annually, the company subsidised educational and other activities and agreed to redesign and repackage the pills to suit the preferences of the FPOs.²¹

As head of medical services, Chick helped lift FPAQ's professional profile by becoming involved in a range of social and medical research projects. While many were conducted under the auspices of the drug companies and AFFPA, others resulted from her participation in the Federation's prestigious National Medical Advisory Task Force. Made up of a panel of family planning experts, the purpose of the Task Force was to scrutinise topical issues in the field and make recommendations for practice. In this role, Chick contributed to a series of literature reviews and practice guidelines, which were disseminated to the FPOs and published in national and international journals.²²

As was to be expected in a relatively new organisation, FPAQ was challenged by the need to effectively manage and standardise services and maintain the professional development of staff. Having already overcome administrative problems through the appointment of Clinic Supervisors, over time, the Council appointed an Executive Medical Officer to each branch to take responsibility for medical matters. This led to a more consistent quality of services and alleviated the pressure on Chick and the Honorary Medical Consultants to recruit and train staff. Phone, post, staff newsletters and occasional personal visits were used to bridge the divide between head office and the regions. The newsletters contained a mix of policies, clinical information, case studies, staff profiles, jokes and anything else which served to break down barriers and give staff a sense of belonging to FPAQ. Chick compiled and regularly updated a clinic handbook of readings and protocols to guide practice and standardise services. As the Association grew and funding became available, it adopted a more systematic approach to professional development and began running annual workshops in Brisbane for key medical and nursing personnel. Between workshops, branch staff attended locally-organised in-service training, mostly in their own unpaid time.²³

²⁰ Letter from Jim Robertson, Marketing Manager Wyeth, to Millburn, and enclosure, Family Planning oral contraceptive agreement, 29 May 1989; Millburn to Dr Carol Cox, Toowoomba branch, 5 September 2000, in FPAQ folder, Drug Companies, Box 8.

²¹ Letter from Robertson to Millburn and enclosure, 29 May 1989, in FPAQ folder, Drug Companies, Box 8.

²² AFFPA, *Annual report 1980-81*, 15; AFFPA, *Annual report 1981-82* (Sydney: AFFPA, 1982), 20-1; AFFPA, *Annual report 1982-83*, 19.

²³ FPAQ, *Tenth annual report 1980-81*, 16.

The national and international Federations played important roles in professional development. AFFPA sponsored senior staff from all states to attend regular meetings and conferences. Not only did these serve to bring them up-to-date with the latest developments, but they kept them in touch with their counterparts in other states. The secretariat was also the conduit for the ongoing stream of policies, guidelines, contraceptive updates and educational material from IPPF. At a time when family planning information was sparse, publications such as the *Medical Bulletin*, *Directory of Contraceptives*, monthly news bulletins and policy documents were valued by practitioners and administrators and were at the core of all family planning libraries.



Figure 32: The library supported all services. It was formally established in 1983 by Ranjani Weerawardana, standing (FPAQ, AR 1982-83, iii)

Rates of pay for work performed periodically became an issue. FPAQ used State Government clerical and community-nurse awards as the benchmarks for receptionists and nurses and AMA rates for the doctors. The suggested rates were not strictly adhered to and the process for determining salaries was not always transparent. For example, in February 1979, Chick began a year-long exchange with the Council regarding her own job description and remuneration, and those of the doctors working under her. When the Council finally agreed to adjust her salary, she was tersely informed that she was not paid to act as an industrial advocate and that the medical officers would be contacted individually with new proposals.²⁴

²⁴ Letter from Millburn to Pamela Chick, 29 February 1980.

Along with its interstate counterparts, FPAQ weathered criticism from medical and other professionals. In 1977 the National Association of General Practitioners attacked funding for family planning clinics. Its view was that, as most doctors were now trained to deliver family planning services, the FPOs should withdraw from direct patient treatment and concentrate on education and training.²⁵ As late as 1988, one doctor complained that while many general practitioners had viewed family planning services with ‘some amusement’ when they first began, ‘little did they realise that the definition of “family planning” was such that quite a slice of the GPs daily work was to be taken away by these “free clinics”’.²⁶ Others argued that family planning services were less cost effective than those provided by doctors. Chick countered that comparisons with standard consultations were meaningless. Private medical practices were businesses which could only be viable if their services were chargeable against medical schedules. Family planning clinics, on the other hand, were funded to provide not only medical consultations, but also nursing services which could not be claimed against Medicare. She also drew attention to the impact of the diversity of clients, the complexity and length of consultations, and the training role of the clinics.²⁷ Opposition from the medical profession ignored the fact that many women chose to attend family planning clinics because the doctors there did not trivialise their concerns or treat them in a condescending way.²⁸ At the beginning of this period, when only a third of medical graduates from the University of Queensland were female²⁹ and many chose to work part-time, the clinics were also among the few places where clients could count on being seen by women doctors.

Chick also dealt with contraceptive controversies which raged from time to time. The most noteworthy of these related to reported links between the pill and thrombosis and the Dalkon Shield and pelvic inflammatory disease.³⁰ Depo provera, an injectable, long-acting hormonal method also ignited debate, which mostly centred on reported misuse with Aborigines and people with an intellectual disability.³¹ Although Chick viewed controversies and the discussion they generated as a valuable means of educating the public and airing differing social and moral views,³² she nonetheless bemoaned the fact

²⁵ Siedlecky and Wyndham, *Populate and perish*, 178.

²⁶ Johdi Menon, ‘The family planning fiddle’, *Australian Dr Weekly*, 22 April 1988, 6. There was similar opposition from the medical profession in New Zealand, see Smyth, *Rocking the cradle*, 173-8.

²⁷ Pamela Chick, ‘Yet a frontier: contraception in colonial and post-Federation Australia’, in *Fevers and frontiers*, ed. John Pearn and Mervyn Cobcroft (Brisbane: Amphion Press, 1990), 166.

²⁸ Siedlecky and Wyndham, *Populate and perish*, 179.

²⁹ University of Queensland Archives, Enrolment statistics, 1977.

³⁰ Siedlecky and Wyndham, *Populate and perish*, 40-6.

³¹ Chick, ‘Yet a frontier’, 170-173; Siedlecky and Wyndham, *Populate and perish*, 50-1.

³² Chick, ‘Yet a frontier’, 176.

that, along with a small market for drug manufacturers and lengthy bureaucratic approval processes, they contributed to limiting the range of contraceptives available to Australian women.³³

In line with national and international trends, FPAQ extended its range of services. The addition of sexual counselling in 1977 was stimulated by Chick and Howard's attendance at an AFFPA workshop. The new service formally acknowledged what clinicians had already found, that fertility and sexuality were inextricably linked and contraception could not be dealt with in isolation. Such clinics were endorsed by the RCHR, which affirmed the individual's right to sexual information and sexual pleasure, and suggested that problems described as frigidity, impotence and over-anxiety about masturbation could be minimised through education and extension of services. The RCHR went further and recommended that sexual counselling should be extended beyond the domain of doctors.³⁴ For a short time FPAQ educators Noela Armstrong and Carole Turnbull used their Marriage Guidance and social work skills to provide counselling for clients with non-medical problems. Although the sessions were popular and the two ran a course in sexual counselling, changes to Federal funding arrangements and resistance by the doctors led to the phasing out of their involvement in this area.³⁵

Another shift in service orientation occurred from the mid-1980s, as the clinics responded to the global HIV/AIDS crisis and growing concern about the increasing incidence of old and new sexually transmitted infections.³⁶ Clinic staff required education and training to help them understand these conditions and the implications for them and their clients. They needed to learn how to deal with their own anxieties, be accepting of all sexual behaviours and incorporate up-to-date information on HIV/AIDS and STIs into their practice. As health and safety issues became paramount, FPAQ upgraded equipment, developed service protocols, and implemented quality assurance programs to monitor and review clinic services.³⁷ Nationally and internationally, FPOs were guided by IPPF which provided practical strategies for dealing with these issues and an ongoing stream of clinical information through the *IPPF Medical Bulletin*.³⁸

³³ *ibid.*, 177.

³⁴ Royal Commission on Human Relationships, *Final Report*, Vol. 3, 1-6, 248.

³⁵ Armstrong and Turnbull provided 456 counselling services in the 18 months to June 1979. FPAQ, *Seventh annual report 1977-78*, 9; FPAQ, *Eighth annual report 1978-79*, 18; Morris, *Family Planning story*, 41.

³⁶ Lewis, *Thorns on the rose*, 339-43.

³⁷ FPAQ, *Twentieth annual report 1990-91*, 14.

³⁸ For example, Gill Gordon and Tony Klouda, *Preventing a crisis: AIDS and family planning work* (London: IPPF, 1988).

As the external environment became more complex, so too did clinic consultations. Testing for HIV and STIs required more than just taking a blood sample and sending it off for pathology. It involved in depth counselling and follow-up visits, both of which took time and reduced the number of patients who could be seen in a session. As 'safer sex' became the catchcry, one-to-one education became integral to clinic consultations. It was important for staff to increase patients' awareness of the dangers of all blood-borne diseases and STIs and help them develop skills to communicate with their partners and negotiate safe sexual encounters. More than ever before, it was crucial for people to understand the benefits and risks of their chosen method of contraception. IUDs, diaphragms, the pill and other hormonal methods provided protection from pregnancy, but not from STIs. As condoms alone were capable of preventing both, their use became more prevalent and 'dual protection' by the use of condoms in conjunction with another method of contraception was encouraged.

To break down barriers and strengthen FPAQ's effectiveness and professional standing, clinic staff in all branches worked in partnership with related organisations and were involved in cross-sectoral committees and collaborations. Chick was particularly important in this respect. The breadth of her involvement is evident in the 1989-90 annual report, which indicates she was a member of the Biological Sciences Committee of AFFPA, the Executive Committee of the Australian Association of Adolescent Health, Queensland Health's Adolescent Drop-in Centre Steering Committee, and the Women's Health Advisory Committee to the Minister for Health. She also chaired the Working Party on Oral Contraceptives and Breast Cancer for the Medical and Scientific Advisory Committee of the Queensland Cancer Fund.³⁹

Impact of the State Government

While most FPOs faced similar challenges and dealt with them in similar ways, there were some areas where State Government actions prompted responses which were particular to FPAQ. The Government was unrelenting in its refusal to make accommodation available for family planning clinics and it would not pass Commonwealth funding on to Community Health Centres, which had the potential to make services more readily accessible in regional areas. In continuing to restrict distribution of contraceptives through hospital pharmacies, it forced medical superintendents in North Queensland hospitals to purchase IUDs from FPAQ rather than through State Stores. In 1979, when FPAQ expressed concern about this and suggested the Department of Health review the policy, Minister Sir

³⁹ FPAQ, *Nineteenth annual report 1989-90*, 12.

William Knox replied that it had no intention of changing its approach.⁴⁰ Although FPAQ was disappointed on all of these counts, it was in relation to medico-legal issues that the State Government had the greatest impact.

Legal issues posed major challenges for all FPOs but the difficulty of dealing with them in Queensland was exacerbated by the Government's inflexible, intimidating approach. Its reluctance to clarify or change the law led to confusion and uncertainty and inhibited development of some services. FPAQ put off installing condom vending machines in its clinics because such action was prohibited by the Health Act. This point was forcefully made when police raided universities in Brisbane and Townsville and ripped illegally installed machines from toilet walls, with the media watching on. The Association also delayed opening a vasectomy clinic for many years because the Government considered the procedure to be illegal and prohibited it in public hospitals.⁴¹ This was despite the reality that thousands of Queensland men were having vasectomies each year and the procedure had always been eligible for a medical rebate.⁴² In 1985, when FPA/NSW had been running a vasectomy service for 10 years and most states had accepted the legality of the operation, its status was still being debated in Queensland⁴³ and FPAQ was yet again preparing to lobby the Government to either clarify or change the law.⁴⁴

The Premier had little respect for the concept of legal precedent. This was foreshadowed by his response to the British House of Lords' deliberations on the Gillick case, which involved the contentious issue of doctors prescribing the pill to girls under 16 without parental consent. While the case was still running he threatened to ignore the findings if they did not support involvement of parents. When it was finally resolved in favour of the doctors, and lawyers confirmed that the findings would apply in Australia, he backed down, responding simply that it was "not a good comment on society if girls under 16 want to get into that sort of thing".⁴⁵ There was no such retreat on the issue of abortion law, the impact of which would be felt by FPAQ and others for many years. Despite the fact that the Levine and Menhennitt rulings had created Common Law precedents which led to more liberal

⁴⁰ Letter from Barton Clarke to Sir William Knox 29 August 1979; and reply, 10 September 1979.

⁴¹ For outline of related government actions see, Pamela Chick, Vasectomy in Queensland, Report prepared for Council Meeting, 25 May 1986. See also, Siedlecky and Wyndham, *Populate and perish*, 49.

⁴² Royal Commission on Human Relationships, *Final Report*, 275.

⁴³ Wayne Goss, *Legality of vasectomy in Queensland: address to the Australian Association for Voluntary Sterilisation, 7th Annual Meeting, 2 March 1985* (1985).

⁴⁴ Draft letter from Pamela Chick to all State Parliamentarians, dated May/June 1985.

⁴⁵ Heather Grant, 'Doctors welcome legal guidance over Pill', *Daily Sun*, April 16 1986.

interpretations in most states, the Queensland Government continued to refer to the Criminal Code only and maintain that it was illegal to procure or assist in procuring an abortion under any circumstances.

As the problem of unplanned and unwanted pregnancies did not go away, staff regularly dealt with patients who wished to have an abortion. They continued the practice of discussing all options with the woman concerned and providing contact details of her own doctor and various counselling agencies. While FPAQ did not specifically refer patients to Children by Choice, many chose this option, as did women attending other service providers. In 1977 the agency had the names of over 700 referring doctors on its books and provided counselling for around 3,800 women, most of whom subsequently travelled to Tweed Heads or flew to Sydney to have their pregnancies terminated.⁴⁶

The options changed in May 1978 when Dr Peter Bayliss joined Dr Bruce Errey at the Greenslopes Fertility Control Clinic in suburban Brisbane and began offering an abortion service. Bayliss brought considerable skills to the clinic and, having previously been acquitted of abortion charges in Victoria, understood the legal ramifications of what he was doing. He believed it was possible to operate within the law in Queensland and to withstand any challenge from the government.⁴⁷ The service was welcomed, not only by women with unwanted pregnancies, but also by many in the medical profession who were anxious to minimise the stress and risks facing patients and their doctors.

Just prior to the opening of the clinic, Millburn, Chick and Clinic Manager Dorothy Treherne joined a group of doctors and others who had been invited to meet with Bayliss to learn more about the new service.⁴⁸ Not long after this, alarm bells began ringing when Director-General of Health and Medical Services, Mr P. G. Livingstone, contacted FPAQ Council Chairman Dr Barton Clarke with a list of complaints about the Association's policies on abortion. The main one related to the clinics and the fact that nurses rather than doctors were doing pregnancy testing and counselling, a practice he implied would increase the likelihood of referrals for abortion.⁴⁹ After consulting with the Medical

⁴⁶ Janet Irwin, 'Doctors in the struggle', 2, in, Fryer Library, UQ Library, Holmes and Irwin, History of Children by Choice.

⁴⁷ Irwin recorded that Bayliss required a formal referral letter from a doctor indicating that an abortion was justified to preserve the woman's health; operations were carried out under general anaesthetic; and women under 18 had to have parental consent and a parent accompanying them. Women preferring local anaesthetic could go to an outpatient clinic in Tweed Heads, while those more than 12 weeks gestation still had to fly to Sydney. Irwin, 'Doctors in the struggle', 2.

⁴⁸ Marjorie Millburn, Administrator's Report to FPAQ Council, 22 May 1978. Irwin also attended this meeting, see Irwin, 'Doctors in the struggle', 6.

⁴⁹ Letter from Barton Clarke to P. G. Livingstone, 19 September 1978.

Superintendent and the Executive Committee, Clarke responded to the allegations, giving ground on some, defending the organisation on others and confirming that FPAQ had already initiated policy changes. It would not distribute surveys without authorisation from the Executive Committee; it would aim to expand doctors' services so that pregnancy testing could be carried out in the context of medical consultations; and all patients requiring further counselling would be given a copy of the Government-endorsed brochure, *Single, pregnant, what shall I do?*⁵⁰ Clarke affirmed his confidence in the integrity of clinic staff and pointed out that the organisation was neither radical nor reformist, but rather one which aimed at preventing the need for abortion.⁵¹

FPAQ was not alone in being made aware that its links with abortion had been noted. Dr Janet Irwin of the University of Queensland Medical Centre reported that shortly after the opening of the abortion clinic she too received a phone call. Hers was from the local Superintendent of Police saying complaints had been made about the Greenslopes Clinic to which she had referred patients. She told him firmly 'that all her patients were referred for reasons which were legal, according to existing law'.⁵² The policeman apologised profusely, reassured her he had no doubt that was the case, and left it at that. Although there was no follow-up, Irwin was sufficiently unsettled by the phone call that she later recorded it in her account of the history of Children by Choice.

Interrogation of FPAQ's policies was all the more alarming as it came not long after Senator Brian Harradine called for the withdrawal of funds from organisations advocating abortion as 'an acceptable or desirable method of fertility control'.⁵³ Following questioning in the Senate about family planning organisations, the Commonwealth Department of Health asked all of the FPOs for their policies on abortion referral. FPAQ's response was that it did not refer patients for abortions, did not advocate abortion as an acceptable or desirable form of fertility control and it did not carry out abortions in its clinics. It listed Children by Choice, Pregnancy Help, social workers in public hospitals and private welfare agencies as those it knew provided counselling on unwanted pregnancy and stated that its

⁵⁰ *Single pregnant what shall I do?* Brisbane: Queensland Council of Social Services in cooperation with Dept. Social Security, 1977. On abortion, it states that 'there is no automatic abortion on demand in Queensland' and includes the text of Section 282 of the Queensland Criminal Code. It then suggests to those considering abortion – 'DON'T PANIC! Don't let someone who isn't a doctor...give you medicine or stick something inside you. They could damage or even kill you!'

⁵¹ Letter from Barton Clarke to P. G. Livingstone, 19 September 1978.

⁵² Irwin, 'Doctors in the struggle', 7.

⁵³ Siedlecky and Wyndham, *Populate and perish*, 96.

policy was to provide information, education and medical services to individuals, free of moral judgment, to enable them to make an informed choice.⁵⁴

While the immediate threat posed by both controversies subsided, the State Government maintained its vendetta against those involved with abortion. In 1979 it began drafting legislation which threatened the clinical freedom of doctors and had the potential to further restrict women's access to the procedure. Professor Eric Mackay, head of Obstetrics and Gynaecology at the University of Queensland, joined Irwin and many other doctors in vigorously campaigning against the introduction of the Pregnancy Termination Control Bill.⁵⁵ They were supported by women's groups including Women's House, Control, the Union of Australian Women, Women's Liberation and Women's Electoral Lobby.⁵⁶ Right to Life countered with a vigorous anti-abortion campaign, which was supported by influential doctors including Deputy-Premier and Parliamentary Leader of the Liberal Party Sir Llew Edwards.⁵⁷ Following large public protests, the Bill was defeated in May 1980.⁵⁸ Despite the Bill's potential to impact negatively on its own clinics, FPAQ did not officially oppose it but instead left it to individual doctors to become involved if they wished. Dr Mary Ellwood of the Mt Gravatt clinic was one who did play an active role in campaigning against the legislation and encouraging other doctors to make their misgivings known to the Government.⁵⁹

The issue died down to the extent that in April 1985 FPAQ decided to seek advice on the amount and type of information clinic staff might legally give clients. They were increasingly being called on to provide pregnancy testing and counselling services after funding cuts reduced Children by Choice's operating capacity. Clinic staff believed it would be more efficient if they could give patients details of abortion providers rather than just referral agencies.⁶⁰ At this time, the Association was also preparing to lobby all state parliamentarians to have the legal status of vasectomy clarified.⁶¹

⁵⁴ Letter from F. J. Archer, Dept. of Health, Canberra, to Millburn, 8 September 1978; and reply, 11 September 1978.

⁵⁵ Irwin, 'Doctors in the struggle', 8.

⁵⁶ Fryer Library, UQ Library, Holmes and Irwin, History of Children by Choice, 51-61, includes profiles of women's groups and coalitions which had an impact on the abortion scene. FPAQ is not mentioned.

⁵⁷ Irwin, 'Doctors in the struggle', 9.

⁵⁸ Fryer Library, UQ Library, Holmes and Irwin, History of Children by Choice, 36-50.

⁵⁹ Irwin, 'Doctors in the struggle', 9.

⁶⁰ Letter from Millburn to Alayne Petersen, Cannan & Petersen Solicitors, 9 April 1985.

⁶¹ Draft letter from Chick to all State Parliamentarians, dated May/June 1985.

In May, before either matter was resolved, both issues were sensationally thrust into the public arena when police raided fertility clinics in Townsville and Brisbane, arrested two doctors and confiscated medical records of abortion and vasectomy patients.⁶² Having previously resisted criticising the Government, FPAQ was finally stirred into action. Prompted by the fact that an open box of patient files was shown being filmed in the street by a television news crew, Millburn wrote to the Attorney-General and Minister for Justice Neville Harper, complaining about breaches regarding the confidentiality of medical records and the fear and anxiety this had created for many.⁶³ The letter was widely distributed to politicians and others.

After public outcry and criticism even from within the National Party, the records were returned to the clinics. In 1986 the doctors were tried in the Queensland District Court where, based on precedents set by the Levine and Menhennitt rulings, Judge Frederick Maguire found them not guilty of ‘unlawfully procuring an abortion’. Although the finding was welcomed by many, it was considered to be unsatisfactory, inasmuch as it left the door open for the ruling to be overturned in a higher court at a later date and did little to dispel the public perception that abortion was illegal in Queensland.⁶⁴

Given that the Government did not lay charges in relation to vasectomy, FPAQ was reassured that the procedure was not illegal. In February 1987, 14 years after first considering the possibility, it finally opened a vasectomy service at the Fortitude Valley centre.⁶⁵ The clinic was run by private practitioner Dr Trevor Sauer, a fitting choice, given that he had been a very early advocate of family planning in Queensland, the first referring doctor for Children by Choice and had been openly providing vasectomy services since the early 1970s.

Doctors and nurses

Not only did the State Government’s approach to legal issues have an impact on FPAQ clinic services but, as an incident in 1978 demonstrates, its provocative behaviour inadvertently brought simmering conflict between doctors and nurses to a head. Tension had been building since 1976 when the innovative FPA/NSW Council introduced a nurse practitioner program and began training ‘delegation

⁶² ‘Police seize 47,000 files’, *Courier-Mail*, 21 May 1985; ‘Abortion raids a grisly circus for the TV cameras’, *National Times*, 24 May 1985; Ryan, Ripper, and Buttfeld, *We women decide*, 55-7. The latter work includes analysis of newspaper reports of the raids and their aftermath in the *Townsville Daily Bulletin*.

⁶³ Letter from Millburn to N. J. Harper, 24 May 1985; Millburn, Administrator’s report to FPAQ Council, 29 August 1985.

⁶⁴ Ryan, Ripper, and Buttfeld, *We women decide*, 21-2.

⁶⁵ FPAQ, Minutes of Council Meeting, 25 February, 1987; Siedlecky and Wyndham, *Populate and perish*, 49.

nurses' to perform a defined range of clinical procedures normally carried out by doctors.⁶⁶ The national Federation embraced the idea, as did the FPOs in Victoria, ACT, Western Australia and South Australia, all of which began staff training programs.⁶⁷ Although Executive Committee minutes of 31 May 1976 record that FPAQ also accepted the principle of an extended role for nurses, subsequent events indicate this is as far as the matter went. FPAQ nurses continued to act in a support role only and were principally acknowledged for 'saving valuable doctors' time, thereby reducing the length of medical consultations'.⁶⁸

Initially June Morris was optimistic that FPAQ would follow the other FPOs, but an incident involving Sister Margaret Wrighton, an experienced UK-trained family planning nurse, foreshadowed the difficulties which lay ahead. As recalled by Morris:

One day a client walked in to a very, very busy clinic, wanting a diaphragm fitted...and I said, 'See if Maggie can do it'. And she did and that person was very happy. She was going to come back a week later for a smear test...So we kept our client instead of losing her, but it was very much disapproved of by the Medical Officer...⁶⁹

Rather than having the desired effect of showing that appropriately-trained nurses could cater for 'walk-in' clients and contribute to the efficiency of the clinics, the repercussions were the opposite of what was intended and led to a clampdown on what the nurses were allowed to do.⁷⁰

The situation was exacerbated by the Director-General of Health's questioning of FPAQ's approach to abortion and the nurses' role in pregnancy counselling. The Association's internal response precipitated conflict which had been simmering in the background and led to further narrowing of the nurses' role. When Chick directed that 'In future all girls who may require a pregnancy test will be seen by medical practitioners and not just by the sisters',⁷¹ the nurses were incensed. In the first half of 1978 they had provided hundreds of pregnancy testing and counselling services without any problems. The consensus was that, with many clinics now full and clients having to wait for appointments, testing should not be

⁶⁶ AFFPA, *Annual report 1976-77*, 29. IPPF prepared a background paper which suggested that, as an alternative to altering existing legislation, doctors could 'delegate' duties to nurses, K Dunn, 'Family planning and the nursing profession', in *Family planning and the law*, ed. H. A. Finlay and J. E. Sihombing (Sydney: Butterworths, 1978).

⁶⁷ AFFPA, *Annual report 1976-77*, 19, 70, 84, 100.

⁶⁸ FPAQ, *Sixth annual report 1976-77*, 7.

⁶⁹ Bannah, ed., *Family Planning Queensland*, 68.

⁷⁰ *ibid.*

⁷¹ Pamela Chick, Medical Superintendent's report to FPAQ Council, 28 August 1978.

postponed if nurses were available. They could spend more time with patients than the doctors and were trained to provide counselling for women with either positive or negative results. Morris wrote to the Council explaining the rationale and the consequences for anxious women for whom an extra week's wait for an appointment was critical.⁷² A group of nurses followed up with a list of grievances. Given that the previous system had been working well, they argued that the proposed changes showed the doctors did not trust them. They criticised them for their rigid attitudes to appointments, lack of flexibility and unwillingness to share clinic loads. They also claimed that while receptionists and nurses were prepared to help medical staff as best they could, with very few exceptions, the doctors did not reciprocate.⁷³ Morris followed up with an appeal to Millburn to consider not only the difficulties which the new policy would cause clients, but also the economic rationale for expanding the nurse's role.⁷⁴

Millburn informed the Council that, because the clinics were so busy, the new policy was difficult to implement and had led to 'a great many staffing problems'.⁷⁵ She suggested it was time to compromise and allow nurses to do pregnancy testing on the condition that all women with positive results be seen by a doctor. This was followed by an informal meeting between Millburn and members of the Medical Advisory Committee, at which a new set of guidelines was formulated to ensure a doctor sighted and signed off on any tests done by nurses.⁷⁶ The guidelines were sufficiently vague as to allow the previous system to operate with minimal change. Thereafter the FPAQ clinic team continued offering the high level of services to which clients were accustomed and the issue of further extension of the nurses' role was put aside for another time.

Conflict re-emerged in the early 1980s when the issue of nurse practitioners once again came to the fore. Changes made by the Fraser Government had caused all FPOs except those in Western Australia and New South Wales to put the program on hold. In 1983, when the Hawke Government introduced Medicare and reinstated the Health Program Grant, the FPOs could once more offer services free of charge. This sparked reconsideration of the possibility of giving clients a choice of provider through the

⁷² June Morris, Memorandum to the FPAQ Council, 28 August 1978.

⁷³ D. Treherne, M. Smetana, M. Heyworth, T. Cummins, V. Kyle-Little, M. Wrighton, A. Ryan and M. Green, Statement from the nursing staff, 7 September 1978.

⁷⁴ Letter from Morris to Millburn, 8 September 1978.

⁷⁵ Letter from Millburn to Barton Clarke, 15 September 1978.

⁷⁶ Millburn, Report of informal meeting between Dr Clarke, Dr Campbell, Dr Chick and Mrs Millburn, 25 September 1978.

introduction of nurse practitioners. AFFPA took a proactive approach and appointed an investigative Task Force, which recommended that a nationally-accredited program be implemented by 1986.⁷⁷

While the move was enthusiastically embraced by Queensland nurses, such was not the case with the Medical Advisory Committee. Acting on advice from the Medical Defence Society and the Association's insurers and solicitors, the Committee rejected extension of the nurses' role on medico-legal grounds.⁷⁸ They argued that medical practitioners should not take responsibility for clients who were delegated to nurses; and nurses should not be involved in prescribing oral contraceptives, performing diagnostic vaginal examinations, doing Pap smears, examining breasts, fitting or checking diaphragms or any in-depth counselling. In relation to the latter, the Committee specified that the nurse's primary role should be educative and aimed at supporting management by doctors.

The nurses pressed on, optimistically hoping for change. In February 1985, Morris convened an Advisory Committee, which put together a discussion paper linking the benefits of an expanded role for nurses to the objectives of the Association. In less than a week, the medical committee responded that its position had not changed. Further meetings failed to bring about compromise and only resulted in reiteration of statements already made.⁷⁹ At this point, Morris relinquished the position of Senior Nurse and from then on focused her energies on education and training services. She was disappointed that she had failed to enable the nurses to keep pace with their interstate counterparts, but without the support of the doctors and the Council there was little she could do. In reminiscing on the times she concluded: 'Those meetings were a disaster. They never listened to us. We couldn't even get to first base. We had to wait another ten years or so for anything to happen. Queensland wasn't ready for it'.⁸⁰

In Chick's final year in office she was appointed to Queensland Health's Cervical Cancer Coordination Feasibility Project Committee. By this stage FPAQ doctors were doing more than 25,000 Pap smears annually and the Association had become one of the largest providers of cervical screening in

⁷⁷ This is documented in, FPAQ Nursing Advisory Committee, 'Are changes in the role of the family planning nurse desirable for the health care of Queensland women, and compatible with the objects of the Association?' Discussion paper, 16 July 1985, 1, in FPAQ folder, Nursing, Box 6.

⁷⁸ Letter from Willis Faber Johnson and Higgins, 17 October 1983, and Flower and Hart solicitors, 20 February 1984, and Millburn summary of Council position, 23 May 1984, in FPAQ folder, Nursing, Box 6.

⁷⁹ FPAQ Medical and Training Advisory Committee, Summary of discussion pertaining to AFFPA National Training Certificate for Nurses; Millburn, Record of joint meeting of the Nursing Advisory Committee and the Medical and Training Advisory Committee, 16 September 1985.

⁸⁰ Bannah, ed., *Family Planning Queensland*, 69.

Queensland.⁸¹ The Committee was part of a national initiative to reduce the incidence of reproductive cancers. Abnormal Pap smears and deaths from cervical cancer had been increasing over time and human papilloma virus was being touted as the most likely cause. Anxious to reverse this situation, the Australian Health Ministers' Advisory Council had formed a Steering Committee in 1988 to examine screening practices and make recommendations for change.⁸² This led to the establishment of a national organised approach to the prevention and early detection of cervical cancer as a joint initiative of the Australian, state and territory governments. Given their desire to contain the costs of public health and at the same time make services more accessible, the proposed approach incorporated a greater role for nurses.⁸³ When Chick was appointed to the Committee, little did she suspect that it would be through this avenue that FPAQ nurses would eventually succeed in extending their role.

Chick left FPAQ in April 1991 to take up the position of Assistant Medical Superintendent at the Royal Brisbane Hospital. At her farewell, she was thanked for many years of dedicated service to FPAQ and for having made a contribution 'of the highest order'.⁸⁴ She had begun at FPAQ when it was a fledgling organisation, still finding its way, and left it as a significant contributor to sexual and reproductive health services in Queensland. Apart from her contributions to clinic, research and training programs, she also played an important part in promoting the Association, raising its public and professional profile, lobbying for change and educating professionals and the general public on the ever-broadening field of family planning. Despite many challenges along the way, she left behind clinic and training services which were well respected in government and professional circles and in the general community. She was a powerful figure who had been able to stem the rising tide of change and maintain the status quo at FPAQ. It would be left to her successors to confront renewed moves to extend the role of the nurses and deal with the impact of governments which were looking beyond the medical model for more efficient and cost-effective ways of managing public health.

A Changing Environment, 1991-96

In April 1991, Dr Jane Howard took over from Chick in the renamed position of Medical Director. Having trained in family planning in the United Kingdom, Howard had joined FPAQ in 1972 as a

⁸¹ FPAQ, *Twentieth annual report 1990-91*, 15.

⁸² Australian Health Minister's Advisory Council. Cervical Cancer Screening Evaluation Committee, *Cervical cancer screening in Australia: options for change* (Canberra: Australian Institute of Health, 1991).

⁸³ Cervical Cancer Prevention Taskforce, *Screening for the prevention of cervical cancer* (Canberra: Department of Health, Housing and Community Services, 1991).

⁸⁴ FPAQ, *Twentieth annual report 1990-91*, 10.

sessional doctor. She became Instructing Medical Officer in 1975, Executive Medical Officer in charge of Fortitude Valley clinical services two years later, and deputy to Chick in the new position of Senior Medical Officer in 1989. For most of the time she had in effect been second-in-charge, contributing to the success of the clinics and sharing the highs and lows. In the early 1990s she was enhancing FPAQ's profile by participating in reforms in women's rights and women's health which were being implemented by the Goss Government. She became a member of the Women's Consultative Council and through the Women's Health Advisory Committee was involved in development of the new Queensland Women's Health Policy.



Figure 33: Dr Jane Howard (*Sun*, 24 July 1989)

On coming to office, Howard was optimistic about the future and could have been forgiven for expecting services to continue their upward trend. Although the number of clinic consultations plateaued during her first two years in office, the levels were nonetheless high and the tone of annual medical reports was upbeat. Such was not the case for the rest of her tenure. In the two years leading up to her resignation in September 1996, the overall wellbeing of clinic services deteriorated sharply, mostly for reasons which were outside her control.

Howard became Medical director at a time of major organisational change. Having ignored Federal Government advice to curtail the expansion of clinic services, from the late 1980s FPAQ had opened new clinics in Toowoomba and Maroochydore, started an outreach service in Townsville and expanded

operations at Southport and Ipswich.⁸⁵ As a result, by mid-1992 the Commonwealth grant did not cover clinic expenditure and the Association began experiencing financial difficulties. As a means of remedying this, Lea Shaw's review of the Association suggested that with 77 percent of the wages budget going towards clinic services, it was time to consider an alternative to the medical model of service delivery.⁸⁶ FPAQ then underwent a strategic planning process which did not result in significant structural change. When this was combined with less generous funding from the Keating Government the Association's financial situation declined even further. The Council responded by cutting clinics across the board and selling the Sunshine Coast property.⁸⁷ The total number of medical consultations fell from an all-time peak of 65,148 in 1992-93 to 47,767 in 1995-96. The Valley clinic was particularly hard hit, recording its lowest number of patients in 20 years.



Figure 34: Long serving regional staff. L. to R. Dr Kay Haig and Lorraine Buks, Cairns; Dr Alice Paterson, Gold Coast; Marion Bishop and Dr Carol Cox, Toowoomba (FPAQ, AR 1989-90, 19; Gold Coast Bulletin, 22 Dec 1982; AR 1990-91, 25)

Staffing arrangements were also in a state of flux. Across all sections, a number of long-term clinic employees had resigned, and there was a complete turnover of senior staff in the Fortitude Valley clinic. Anne Haines replaced Shirley Johnston as Principal Receptionist in January 1991. Although she remained in this position for the rest of the decade, in the five years under consideration, all other senior positions in the clinic underwent change. Dr James Stoddart took over from Howard as Senior Medical Officer. He remained in the position until February 1994 when he was replaced by Dr Carol Stevensen, who in turn handed over to Dr Diane Rowling in January 1996. On the nursing front, Sister Margaret Smith became Nurse Coordinator in November 1990 and, when she left for a year in 1994,

⁸⁵ *ibid.*, 22; FPAQ, *Twenty-first annual report 1991-92*, 23; FPAQ, *Twenty-second annual report 1992-93*, 27-8.

⁸⁶ Shaw, Report on review of FPAQ, 17.

⁸⁷ FPAQ, *Twenty-fifth annual report 1995-96*, 12.

she was replaced by Registered Nurse Leane Christie. In the branches, senior staffing arrangements were more stable, with many of the Executive Medical Officers and Clinic Supervisors either having been in those positions for lengthy periods or in the early stages of tenures that would endure.⁸⁸

The breadth of services which family planning clinics were expected to offer was becoming a problem for all members of the Federation who were having to spread themselves more thinly to keep up with the expanding agenda. Not only were clinic staff involved in the professional training of nurses and doctors, but FPAQ's work program and budget plan for 1995-96 incorporated eight broad areas of clinic practice: contraception, vasectomy, unplanned pregnancy and post termination care, STIs, sexual relationships, menstrual problems, menopause, prevention of reproductive tract cancers, and general gynaecological problems.⁸⁹ In addition to all of this, the Association was running outreach clinics in Logan, Townsville and Ingham, and staff were providing telephone information and counselling, over-the-counter sales of pharmaceuticals and a mail order service. Doctors at the Fortitude Valley, Cairns and Townsville clinics had also become involved with sexual assault services and the Ipswich clinic was running a needle exchange program.⁹⁰ The principles of *sexual and reproductive health and rights* laid out by IPPF in 1992 and taken up by the International Conference on Population and Development (1994) and the Fourth World Conference on Women (1995) had filtered down to FPAQ, which was now groaning under the weight of the services they encompassed.⁹¹

With funding unable to meet expenses, in 1994-95 the annual medical report commented on this and other issues which were contributing to the clinics' woes:

Salaries, long service leave, superannuation commitments and professional indemnity insurance... have all eaten into the budget...The clients have more complex medical problems than in the past and need longer consultations. There are problems attracting medical staff to work in Family Planning clinics as the work does not meet the Vocational Registration requirements of the Royal Australian College of

⁸⁸ FPAQ, *Twentieth annual report 1990-91*. Longterm branch staff other than those in illustration above include, Dr Robyn Hunter (Townsville), Dr Judith Wassell (Gold Coast), Gillian Saunders (Ipswich), Dr Mary Ellwood (Mt Gravatt), Dr Nicola Thompson and Michelle Newman (Rockhampton) and Dr Sally Hopkins and Penny Sinclair (Sunshine Coast).

⁸⁹ FPAQ, 'Work program and budget for the 1995/96 year'.

⁹⁰ FPAQ, *Twenty-fifth annual report 1995-96*, 30-35.

⁹¹ IPPF, *Vision 2000: strategic plan* (London: IPPF, 1992); IPPF, *Vision 2000: moving forward after Cairo and Beijing* (London: IPPF, 1996).

General Practitioners. It is clear that young doctors will not be attracted to work for Family Planning organisations unless a career path can be developed.⁹²

While the following year's report commented positively on research and training activities and welcomed the fact that the RACGP now recognised five branch clinics as General Practitioner Special Skills centres, overall, the tone was downbeat. Lack of funding had led to cuts in clinics and longer waiting times for appointments. With 65 doctors employed on a sessional basis, turnover was high and it was difficult to provide adequate professional training, particularly in the regions.⁹³

Adding to an already difficult situation was re-emergence of tensions between doctors and nurses. FPAQ had continued to resist the introduction of nurse practitioner services. This was despite the fact that, since the late 1980s, all other FPOs had been participating in the AFFPA-led program. In 1990, when the national federation employed Nursing Consultant Coral Lloyd to carry out an operational review, she had approached then Medical Superintendent Chick urging her to reconsider her position and support the introduction of nurse practitioners in Queensland.⁹⁴ Chick left FPAQ before the report was released, apparently without changing her mind. Lloyd was scathing in her assessment of FPAQ's approach to the matter, listing 'difficulties' which included 'the apparent insurmountable obstacle' posed by the influence of the previous Medical Director over nursing practice and the Association's policy on the type of services it offered. A 'rigid role definition for nurses' had led to a service which was medically-oriented and did not prioritise nurses' training. Lloyd was critical of FPAQ for employing nurses on a casual basis and thereby denying them basic industrial rights, and for the fact that they were not represented on the management executive and therefore had no formal voice or involvement in decision-making.⁹⁵ Predictably the Council did not agree with the report and repudiated its claims.⁹⁶ A positive for both sides was that, in the interim, Sister Margaret Smith had been appointed Nurse Coordinator and was working to upgrade the role of staff and design a new Nurses Course which would fulfil AFFPA's accreditation requirements.⁹⁷

⁹² FPAQ, *Twenty-fourth annual report 1994-95*, 12.

⁹³ FPAQ, *Twenty-fifth annual report 1995-96*, 21.

⁹⁴ Letter from Coral Lloyd to Chick, 21 November 1990.

⁹⁵ Coral Lloyd, Nurse practitioner training September 1990-April 1991: Nursing Consultancy Report to Federal Council, AFFPA, in FPAQ folder, Nursing, Box 6.

⁹⁶ Millburn, Nursing Consultancy Report: nurse practitioner training, 9 May 1991, in FPAQ folder, Nursing, Box 6.

⁹⁷ Margaret Smith, Proposal for updating FPAQ's nurses role, June 1991, in FPAQ folder, Nursing, Box 6.

At a time when around 80 percent of medical consultations involved nurses,⁹⁸ they were still in a predominantly supportive role and the Association paid lip-service only to their contribution: ‘Nurses are the lynchpin of clinic services...They provide a service which cannot be measured but which we know to be of profound and intimate value to our clients and the public in general.’⁹⁹ Despite efforts by Smith and Howard to extend the nurses’ role,¹⁰⁰ consultant Lea Shaw reported in her organisational review that ‘compliance of doctors with the new procedures seems to be problematic in some areas with doctors bluntly refusing to adhere to them’, mostly on medico-legal grounds.¹⁰¹ Three years later, interviews conducted in the course of a research study showed that the relationship between them was still a problem. The nurses were critical of the duplication of services and argued that, because some doctors had not accepted their new role, consultation times were getting longer rather than shorter. Just as they had done in 1978, nurses raised the issue of lack of trust by the doctors.¹⁰²

Despite the high levels of discontent, the tide was beginning to turn in favour of the nurses. At both the national and state levels, governments had developed policies which supported more economical alternatives to medical services.¹⁰³ In 1991 Queensland Health had initiated the Mobile Women’s Health Service, which employed nurse practitioners to perform a wide range of procedures normally carried out by doctors.¹⁰⁴ Important among these were the taking of Pap smears and provision of other specialist services. As a compulsory part of training, they were required to do the FPAQ nurses course. While the program provided advanced clinical information, counselling skills and practical training, it did not include the taking of Pap smears, because this was outside the scope of practice of FPAQ nurses. Recognising the potential for the Association to fill this gap and capitalise on an expanding market for advanced practice training, a key group of staff came up with a proposal which would begin the process of change. New Nursing Services Manager Leanne Christie, ACT-trained nurse practitioner Annette Eske and nurse educators Kelsey Powell and Alison Farrington put forward a ‘Proposal for the expansion of the registered nurse role at Family Planning Queensland’, which highlighted potential

⁹⁸ FPAQ, *Twenty-first annual report 1991-92*, 15.

⁹⁹ FPAQ, *Twenty-second annual report 1992-93*, 7.

¹⁰⁰ Smith, Proposal for updating nurses’ role.

¹⁰¹ FPAQ, *Twenty-first annual report 1991-92*, 34.

¹⁰² Tony O’Reilly, Family planning and health promotion: to what extent does Queensland Family Planning incorporate a health promotion perspective? Tropical Health Program, University of Queensland, 1996, 62, 79, 86.

¹⁰³ Cervical Cancer Prevention Taskforce, *Screening for the prevention of cervical cancer*; Women’s Health Policy Unit, *Women’s Health Policy: document four* (Brisbane: Queensland Health, 1993).

¹⁰⁴ FPAQ used the following definition: ‘Nurse practitioners are registered nurses educated for advanced practice, the characteristics of which would be determined by the context in which they practise’, see, Leane Christie et al., Proposal for the expansion of the nursing role at Family Planning Queensland: prepared by the Family Planning Queensland Nursing Liaison Committee, September 1994, 1, in FPAQ folder, Nursing, Box 6.

benefits for registered nurses, the Association and the community. They argued that, by introducing well-women's clinics, FPAQ could project itself as an innovative service provider, increase its primary health care focus and at the same time generate a new source of income.¹⁰⁵

Following acceptance of the proposal by senior management, in November 1994 the Nurse Practitioner Liaison Committee and Working Party was formed to bring it into effect. Drs Carol Stevenson and Margaret Mobbs worked closely with Christie, Smith and Nurse Educator Jan Hannah-Munster to develop plans to train staff and implement nurse practitioner services in all clinics.¹⁰⁶ Under the proposed system, a suitably-qualified registered nurse would have a clinic running in parallel with a 'buddy doctor' on whom they could call when necessary. The nurse practitioners would focus on health screening and health promotion services, seeing their own clients but also having easy access to the doctor. Working within a defined scope of practice and in accordance with clearly articulated procedures, they would see asymptomatic clients for Pap smears, pelvic examinations, breast checks, STI screening, diaphragm fitting, ongoing oral and injectable contraception and emergency contraception. They would be covered by FPAQ's vicarious liability policy, with additional professional indemnity being provided through membership of the Queensland Nurses Union.¹⁰⁷ In August 1995, the Fortitude Valley clinic began a six-month trial of the program.¹⁰⁸

By any measure, managing clinic services during this period was taxing. Not only was FPAQ beset by inadequate funding, cuts in clinics, lack of computer technology, internal tensions and falling staff morale, but also by a host of related problems.¹⁰⁹ In September 1996, following FPAQ's twenty-fifth anniversary celebrations, Howard resigned after 24 years with the organisation. Over that time she had contributed significantly to the development and delivery of exemplary services, quality assurance programs, professional training and clinical research. Her special strength was in sexual counselling, an area in which she made a major contribution through one-to-one consultations, medical education, professional training and presentations at local and national conferences. She was an excellent communicator who used her open manner and easy sense of humour to inform and educate a wide range of audiences and press the cause of family planning. She maintained strong links with related

¹⁰⁵ *ibid.*

¹⁰⁶ FPAQ, *Twenty-fourth annual report 1994-95*, 20; FPAQ, *Twenty-fifth annual report 1995-96*, 26.

¹⁰⁷ Carol Stevenson et al., Proposal for the introduction of the clinical component (practicum) of the Nurses Course in Sexual and Reproductive Health: Working Party report and recommendations, [1995], in FPAQ folder, Nursing, Box 6. See also FPAQ, *Twenty-fourth annual report 1994-95*, 20; FPAQ, *Twenty-fifth annual report 1995-96*, 26.

¹⁰⁸ *ibid.*

¹⁰⁹ Letter from Jane Howard to Marjorie Millburn, 11 March 1996, cites many problems which precluded coherent planning.

government and non-government organisations, collaborated in the development of a new university course and was a willing contributor to FPAQ publications, seminars, and research activities and to outside groups such as the Sexual Health Society. By the time she left, the Liberal-National Coalition had come to power with John Howard as Prime Minister and the situation for all FPOs was about to get much worse.

Towards a Review, 1996-2001

The period following Dr Jane Howard's resignation was characterised by declining organisational control and instability at the senior staffing level. She was not immediately replaced and nor was Senior Medical Officer Dr Diane Rowling when she left in January 1997 to take up a position with Queensland Sexual Health Services. It was not until March that the Council appointed Drs Sue Heijm, Glenn Gardener, Fiona Mack and Margaret Mobbs to a Medical Executive Committee, the role of which was to oversee quality assurance and medical matters in the clinics.¹¹⁰ Later in the year Rowling returned as Medical Director and continued in that position for the next three and a half years.



Figure 35: Margaret Smith, visiting Prof Chris del Mar and Dr Diane Rowling 1997 (FPAQ, AR 96-97, 10)

During this time a number of new contraceptives entered the Australian market and some older ones gained scientific endorsement. Female condoms and long-acting, reversible methods Implanon and

¹¹⁰ FPAQ, *Twenty-sixth annual report 1996-97*, 13.

Mirena became available.¹¹¹ Research confirmed the value of emergency contraception, establishing that it was most effective when provided within 24 hours of unprotected sex.¹¹² Breastfeeding as a means of preventing pregnancy was also the subject of scientific research which endorsed its efficacy under a fixed set of circumstances. Although this method had been used by women, probably for millenia, the WHO study popularised it by adding scientific parameters to its use.¹¹³ Male condoms continued to be widely used and ongoing studies confirmed their effectiveness when used consistently and correctly. As had previously been the case, no method was perfect, but the new information and additions to the contraceptive method mix were welcomed by women and their providers. With Implanon requiring insertion and removal by a medical practitioner, once FPAQ staff had acquired the necessary skills, they worked with the supplying pharmaceutical company to train other doctors.¹¹⁴

In a break with the past, Rowling rejected as unethical the notion of contracting just one company to supply oral contraceptives, citing guidelines published by the Royal Australian College of Physicians.¹¹⁵ Apart from ethical issues, the contract was much less favorable for the FPOs than it had been. Wyeth was offering a smaller proportion of free pill packs (10 percent compared with 40 percent previously) and the contract was for one year only. The secretariat's bargaining power had diminished following clinic cutbacks and the exit of South Australia and the Australian Capital Territory from the Federation. Its turnover had fallen to just 100,000 pill cycles annually, one fifth of what it had been in the early 1980s. The increasing popularity of Implanon and the availability of generic brands and a multiplicity of pills to suit specific conditions were also affecting demand for any one brand name.¹¹⁶ Globalisation of the pharmaceutical industry, changing personnel and a greater focus on bottom-line profits all contributed to a more businesslike relationship with the drug companies. This resulted in falling discretionary income at a time when the FPOs were already under severe financial strain. FPAQ income from sales of the pill fell from over \$500,000 in 1991-92 to \$212,000 in 2001.¹¹⁷

¹¹¹ FPAQ, *Thirtieth annual report 2000-01*, 6. Implanon is small rod which is implanted under the skin of a woman's upper arm, where it slowly releases hormones to prevent pregnancy for up to 3 years; Mirena is a hormone-releasing intrauterine system with the ability to provide protection for 5 years.

¹¹² Task Force on Postovulatory Methods of Fertility Regulation, 'Randomised controlled trial of levonorgestrel versus the Yuzpe regimen of combined oral contraceptives for emergency contraception', *Lancet* 352 (1998): 428-33.

¹¹³ 'Consensus statement. Breastfeeding as a family planning method', *Lancet* II (1988): 1204-5; Paul Van Look, *British Medical Journal* 313 (1996): 893-4.

¹¹⁴ FPAQ, *Twenty-ninth annual report 1999-2000*, 6.

¹¹⁵ Memo from Rowling to Millburn 20 July 2000, and enclosures: Paul Kommesaroff, 'New ethical guidelines on relations with the pharmaceutical industry', *Fellowship Affairs*, May 2000; and RACP, Ethical guidelines in the relationship between physicians and the pharmaceutical industry, Sydney, 2000, in FPAQ folder, Drug Companies, Box 8.

¹¹⁶ Paul Duncombe, Notes of meeting with Jim Schofield of Wyeth, 4 July 2001, in FPAQ folder, Drug Companies, Box 8.

¹¹⁷ FPAQ, *Twenty-first annual report 1991-92*, 39; FPAQ, *Thirtieth annual report 2000-01*, 48.

There was growing recognition of the fact that no one service could fulfil all the requirements of sexual and reproductive health and that groups such as Sexual Health Services, Children by Choice and women's health and fertility control clinics should play complementary roles. FPAQ consolidated links with related organisations but particularly Queensland Health. Given the breadth of the field and the sensitivity of the issues it encompassed, it was in the government's interests to embrace the Association and nurture its strengths. As an independent body with a highly skilled workforce it was unique in offering integrated education, training and clinic services and was in a better position than government agencies to venture into potentially controversial areas. When staff left, this often led to strengthening of links with other agencies as people tended to move around within the sector. Ex-FPAQ staff generally maintained a commitment to the aims and values of family planning and worked from within their new settings to promote them. Most doctors who worked at FPAQ on a sessional basis also held positions in private practice or with the government, bringing with them specialist skills in areas such as women's health, sexual assault, sexual counselling and treatment of HIV AIDS and STIs.



Figure 36: Receptionists were important to the effectiveness of clinic services. Left, Hannah May hands out free condoms on Valentine's Day 1996; right, Head Receptionist Ann Haines (centre) with staff at a workshop on cultural issues, 1994 (FPAQ, AR, 1995-96, 27; AR 1994-95, 17)

Many benefits accrued from closer links with Queensland Health. In 1999 it provided all clinics with computers to enable them to contribute sexual health data to the Communicable Diseases Branch through the Sexual Health Information Program.¹¹⁸ This was a welcome boost, given the expense of keeping up to date with technology. SHIP was part of a national initiative to enable surveillance of

¹¹⁸ FPAQ, *Twenty-eighth annual report 1998-99* (Fortitude Valley: FPAQ, 1999), 14.

regional and state trends and to inform program and policy development. A by-product was that it demonstrated the significant contribution FPAQ was making to services throughout the state.¹¹⁹ In recognition of this, the department hosted attendance by family planning medical and nursing staff from all branches at the biennial Sexual Health Clinicians' Workshop. FPAQ's expertise was further acknowledged by the inclusion of clinic staff on a range of government advisory panels.¹²⁰

The nurse practitioner program moved forward through the efforts of a team which was led by Christie and included ACT-trained nurse practitioners Annette Eske and Jill Campbell, both accredited to train others. In a painstaking process, legal and liability issues were clarified, the scope of practice defined, and protocols for data collection and evaluation were developed.¹²¹ In a major breakthrough in 1996, nurse practitioners endorsed by the Queensland Nursing Council were given the go-ahead to administer emergency contraception, repeat pills and depo provera injections.¹²² Christie continued working with the Queensland Nursing Council and Queensland Health to develop 'Policy, protocols and procedures for Registered Nurses as Pap Smear Providers', which was launched by Health Minister Mike Horan in 1998. As well as providing guidelines for practice, the document addressed medico-legal issues and quality control.¹²³ Over time the program was extended to all branches where it improved access to services and reduced waiting times for appointments.¹²⁴

The nurse practitioner service was well received and, as a measure of success, was used by over 6,000 patients in 1998-99.¹²⁵ In a few short years, the nurses had achieved what June Morris began aiming at 20 years previously. In a long overdue acknowledgment of nurses as integral members of the clinic team, the Nursing Services Manager was invited to become a member of the Senior Staff Management Committee.¹²⁶ Although doctors were still essential cogs in the clinic wheel, the hierarchical structure at FPAQ was finally beginning to flatten.

¹¹⁹ FPAQ, *Twenty-ninth annual report 1999-2000*, 6, 9.

¹²⁰ *ibid.*, 7. These included the Sexual Health Advisory Committee, the Domestic Violence Initiative, the Obstetrics and Gynaecology Advisory Panel and the Quality Management Committee of the Cervical Screening Program

¹²¹ Leane Christie, *The regionalisation of the Family Planning Queensland Nurse Practitioner Programme*, Report on Women's Health Fieldwork, QUT [1998].

¹²² FPAQ, *Twenty-sixth annual report 1996-97*, 14.

¹²³ 'Nurses give pap smears', *Courier-Mail*, 11 April 1998; Susan Hall and Alison Thompson, 'Registered nurses as Pap smear providers', *Queensland Nursing Forum* 6, no. 1 (1998): 20.

¹²⁴ FPAQ, *Twenty-fifth annual report 1995-96*, 13-14.

¹²⁵ FPAQ, *Twenty-eighth annual report 1998-99*, 14. Re women's attitudes to FPAQ registered nurses as Pap smear providers, see Leane Christie, *Women's acceptance of registered nurses as Papanicolaou smear providers: a study of women attending a Queensland Family Planning clinic*, in *Infront, outback. AARN Conference proceedings*, Toowoomba: AARN, 2000, 119-23.

¹²⁶ FPAQ, Minutes of Council Meeting, 4 June 1997.



Figure 37: Regional clinic managers meeting 1999. Front row from left: Jenny Brazier (T'ville), Marion Bishop (T'ba), Ngaire Wendt (Outreach Clinic Coord.), Michelle Newman (R'ton) ; Standing: Administrator Marjorie Millburn, Nursing Services Manager Leane Christie, Penny Marshall (Cairns) (FPAQ, AR 1998-99, 16)

Writing in the Federation's 1998-99 annual report, Medical Director Rowling acknowledged that sexual and reproductive health was not the domain of any one group and that nurses, health workers, educators, doctors and community workers all had roles and responsibilities. In keeping with her public health focus, she articulated the view that:

The ultimate goal of health care professionals is to equip their clients with the skills needed for healthy sexuality. A positive body image, self-awareness, skills for sexual decision-making and the ability to create effective relationships are important resources for sexual health. It can be argued that these are more important resources than a prescription for the pill, condom advice or treatment for reproductive tract infections.¹²⁷

An important project initiated during this period was production of Queensland-specific *Guidelines for clinic practice*. FPAQ purchased the original document from FPAHealth which had been funded to devise a national set of protocols. Despite commonalities in services from state to state, it had to be adapted to suit local practices and medico-legal environments. Rowling began this meticulous, time-consuming task which was completed by the Senior Medical Officers after she left.¹²⁸

¹²⁷ Diane Rowling, 'Sexual and reproductive health is a public health issue', in *Annual Report 1998-99* (Canberra: FPA, 1999), 7.

¹²⁸ FPAQ, *Thirtieth annual report 2000-01*, 4; FPAQ, *Thirty-first annual report 2001-02*, 4.

While relations with the State Government steadily improved, the same could not be said of the Commonwealth. Under the Howard Government the financial position of all FPOs worsened and the future of clinic services became increasingly uncertain. In October 1996, when funding was reduced by 5 percent, the FPAQ Council responded by culling Saturday morning and evening clinics. A similar cut the following year prompted more drastic action. The popular Mt Gravatt branch was closed and replaced by an outreach clinic at QEII Hospital; the Sunshine Coast service was transferred to a private clinic; and the Ipswich branch was downsized and relocated to the Ipswich Plaza as an outreach clinic. Further cuts followed: the Southport service was transferred to a private practice in 1999; the outreach clinics at QEII Hospital and Logan Youth Centre were discontinued in 2000; and sessions in the remaining clinics were reduced even further.

Not only was clinic funding cut, but the Government also imposed strict conditions on the way the FPOs applied it. Ministers began to dictate exactly which sub-groups the Associations should target and obliged them to report on their activities at six monthly intervals.¹²⁹ In the mid-1990s people from non-English speaking backgrounds had been the preferred target group whereas under Health Minister Michael Wooldridge, the focus shifted to people living in rural Australia.¹³⁰ FPAQ was advantaged by the fact that its regional branches were already servicing this group, unlike a number of other FPOs which were forced to use sparse funds to set up country clinics.¹³¹

Despite the massive strides the nurses had made, problems continued. In the process of developing the nurse practitioner program, old grievances had come to the fore and calls for change grew louder. Discussion of their new role had led to questions about remuneration, which prompted complaints about static rates of pay, casual employment status and the fact that they were expected to attend professional development activities in their own time.¹³² Disquiet grew once the program was underway and FPAQ nurse practitioners found themselves teaching advanced-level skills to colleagues from other sectors who were being paid higher rates and working in more equitable environments.¹³³

¹²⁹ Barker and Anderson, 'Organisational change': 50.

¹³⁰ David Wheen, Summary of outcomes of meeting with Dr Michael Wooldridge, Minister for Health and Aged Care, 6 March 2000. See also, FPAQ folder, FPA Rural Health Strategy, Box 8.

¹³¹ In 1998-99, when 28 percent of all FPO clients were from rural areas, in Queensland, this group accounted for 58 percent of consultations, FPA, *Annual report 1998-99* (Canberra: FPA, 1999), 3.

¹³² FPAQ, Minutes of Nurses Planning Meeting, 14 February 1996-in FPAQ folder, Nursing, Box 6.

¹³³ See the following for a discussion of the low value accorded nurses working in the community health sector, Helen Keleher, 'Repeating history? Public and community health nursing in Australia', *Nursing Inquiry* 7 (2000): 258-65.

Other issues arose from the fact that some nurses had been so conditioned by their previous subservience that they were unable or unwilling to rise to the challenge of upgrading their qualifications and accepting increased responsibilities in the clinic.¹³⁴

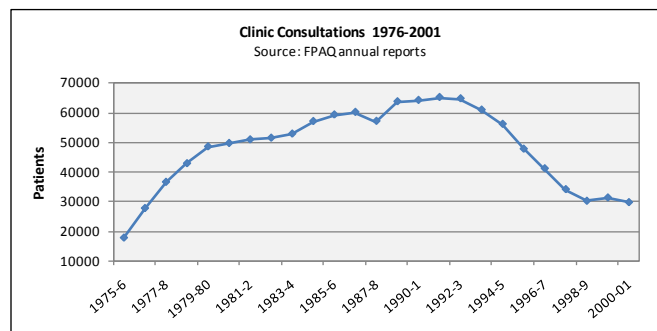


Figure 38: Clinic consultations declined rapidly from the early 1990s

As financial resources diminished and chaos enveloped the Association, these and other issues remained unresolved and clinic consultations dropped to levels not seen since the early days. With the situation deteriorating, key staff began to leave. Christie and Haines resigned in mid-2000, after which two new positions were created. Registered Nurse Edith Rice became Fortitude Valley Clinic Service Manager, which incorporated parts of both roles; and Ngaire Wendt was made Nursing Services Consultant with responsibility for maintaining the professional standards of nursing practice in all clinics. Rice left in June 2001, by which time Rowling had also resigned.¹³⁵

In the organisational review which followed, Ashley Gill was asked to focus on clinic services. He found they were in need of a major overhaul. Ongoing cost-cutting, centralised management, lack of communication, technological deficits, absence of a commercial focus and lack of strategic direction had all contributed to stagnation of the clinics and falling staff morale. While Gill recommended that all of these issues be attended to, in particular he highlighted the need for management of the clinics to be decentralised, with each branch having responsibility for budgeting, generating income and achieving predetermined levels of service delivery. He recommended the immediate appointment of a fulltime Medical Director to oversee delivery of clinical services and promote FPAQ as a Centre of Excellence. In relation to nursing services, Gill proposed that all staff should be required to attain nurse practitioner accreditation within three years and that a Clinic Services Manager be appointed to oversee

¹³⁴ Leane Christie, Personal communication with author, 12 April 2008.

¹³⁵ FPAQ, *Thirtieth annual report 2000-01*, 4, 6, 12.

services in all centres. He concluded that while the branches were fulfilling Commonwealth objectives in the regions, such was not the case in Brisbane where greater emphasis on education and training was called for. Despite the many shortcomings Gill identified, he was unequivocal in his praise of clinic staff. Against the odds, they had demonstrated overwhelming dedication and provided outstanding levels of service delivery and patient care. As a result, the clinics were held in high regard.¹³⁶

Such findings were of little comfort to remaining clinic staff who finished 2001 in limbo. With no one in a leading role, the nurses were in disarray. As the Medical Director had not been replaced, leadership fell to Acting Senior Medical Officers Kay Strom and Fiona Mack. With just a small amount of administrative time allocated from their normal clinic duties, they worked under difficult circumstances to keep medical training courses going and maintain standards in clinics around the state. That they succeeded was a tribute, not only to them and the current doctors, nurses and receptionists, but also to their predecessors who had worked to establish and maintain high quality services.

The clinics had been FPAQ's main priority and for most of the period the governance team had fulfilled its obligations in terms of the requirements of quality services. It had ensured 'the presence of trained personnel in well equipped clinics where clients [were] treated courteously and provided with a variety of appropriate services'.¹³⁷ At a time when contraceptive technologies were developing rapidly and a proliferation of STIs, AIDS and blood-borne viruses demanded a broader approach to sexual and reproductive health, the Association had been guided by government and professional bodies and the national and international federations and modified clinical practice to accommodate change. FPAQ's success in maintaining 'a level of preparedness of facilities' which enabled it to offer high quality standards and satisfy the needs of clients is borne out by the fact that, in its 30 year history, there had been only one serious complaint against it and that was in relation to a course participant, an experienced doctor, being allowed to conduct a medical consultation.¹³⁸

Despite Gill's concerns about the clinics, at no point did he question the need for their services. They had become an accepted part of Queensland's public health system and FPAQ staff were recognised as experts in professional training and all matters relating to sexual and reproductive health. Until the early 1990s the Council fulfilled its responsibility to maintain the financial viability of the clinics.

¹³⁶ Gill, Special consultant's report, 2-5, 14-16.

¹³⁷ RamaRao and Mohanam, 'The quality of family planning programs': 227.

¹³⁸ Marjorie Millburn, Personal communication with author, 12 December 2007.

However, as the scope of services broadened and funding decreased, clinic services began to suffer from the management team's failure to respond to changes in the broader political and health environments. Having ignored requests by a succession of governments to reorient services away from the medical model, the Council created a situation which jeopardised FPAQ's ability to maintain the high quality services that had become its trademark. Reluctance to let go of the approach which had served so well in the past, resulted in organisational disarray and a significant decline in clinic services and the overall wellbeing of the Association. FPAQ's plight at the beginning of the twenty-first century demonstrates the fact that organisational 'persistence is not to be taken for granted. It requires continuing effort – both "talking the talk" and "walking the walk" – if structures are not to erode or dissolve'.¹³⁹

The ups and downs of clinic services in this 25 year period were also shaped by the actions of individuals and the imprint of FPAQ's origins.¹⁴⁰ As the leading founder of the organisation, Dr Alan Blunt had prioritised medical consultations and professional training as a means of making contraceptive services available to the public, steering away from controversy and securing medical, religious and political support. With commitment to the medical model being shored up by the Administrator, the chairmen, and a preponderance of doctors on the Council, the founding conditions persisted after Blunt departed. The dominance, influence and long tenure of Medical Superintendent Dr Pamela Chick ensured that they would be perpetuated until well into the 1990s. The effectiveness of the system which had been put in place, and the power of those who supported it, meant that FPAQ would resist modifying it substantially until it was compelled to do so. Ultimately, it was the shifting political landscape and federal and state government approaches to more economical and equitable delivery of public health services which forced FPAQ's hand. This led to the introduction of the nurse practitioner program and growing awareness of the need to put greater emphasis on education, health promotion and training the trainers. Federal Government cuts added to an increasingly difficult financial situation, which led to the review and ultimately left the Council with no option but to confront structural and paradigmatic change.

As the clinics faltered, Education and Training Services quietly moved ahead and became the only section to be positively assessed in the organisational review.

¹³⁹ Scott, *Institutions and organizations*, 146.

¹⁴⁰ *ibid.*, 319-22.

Chapter Eight:

Education and training 1977-2001

All persons have the right of access to education and correct information related to their sexual and reproductive health, rights and responsibilities which is gender sensitive, free from stereotypes, and presented in an objective, critical and pluralistic manner.

All persons have the right to sufficient education and information to ensure that any decisions they make related to their sexual and reproductive life are made with full, free and informed consent.

All persons have the right to full information as to the relative benefits, risks and effectiveness of all methods of fertility regulation and the prevention of unplanned pregnancies ¹

By 1977 FPAQ education and training programs were growing in popularity. Those responsible for them were encouraged by the recommendations of the Royal Commission on Human Relationships, which emphasised the importance of information, education and professional training for the sexual health and wellbeing of the nation.² Over the next 25 years, Education Services grew from one full-time staff member and a few sessional educators operating on a budget of \$103,000 to the equivalent of 30 full-time staff providing services worth almost \$1.78 million.³

Education and training services did not evolve in a vacuum but rather in a dynamic environment in which the Association responded to internal and external forces. This chapter unravels the many threads which contributed to the development of these services. It examines local, national and international influences, opportunities and obstacles to progress, the Association's responses to all of these, and the overall impact of its services. Given that there were only four heads of Education Services from 1977 to 2001, the influence of individuals will also be considered and the chapter will be structured around their tenures: June Morris (1977-89), Anne Zafer (1990-92), Suzanne Davies (1993-94) and Kelsey Powell (1995-2001).

The terms *professional training*, *professional education* and *community education* are used throughout. These activities had different purposes and separate sources of funding. The national Family Planning Program covered professional training and education for doctors, nurses and other professionals to

¹ IPPF, *Vision 2000: IPPF Charter on Sexual and Reproductive Rights* (London: IPPF, 1995), 18.

² Royal Commission on Human Relationships, *Final Report*, vol. 1, 96-109.

³ FPAQ, *Sixth annual report 1976-77*, 22; FPAQ, *Thirtieth annual report 2000-01*, 39, 50.

equip them to practice in the field and pass their expertise on to others. The State Government grant was earmarked for community education, the main purpose of which was to enhance the sexual and reproductive wellbeing of individuals and society as a whole. With very few exceptions, doctors' training courses were run by medical rather than education staff and in annual reports were documented separately from, and more extensively than other training courses. Given the educational nature of the programs, however, they too are included in this section.

June Morris Era, 1977-89

At the beginning of 1977, June Morris was in charge of education services and nurses' training. Although in the early days her main priority had been to train enough nurses to meet the Association's need for clinic staff, as time went by she responded to requests for education and training from external health and welfare workers, government agencies and the community. The courses Morris developed in the establishment phase became the basis for the more structured professional and community programs which FPAQ ran over the next 25 years. While a small number of courses came and went, the majority became staple offerings which were refined and extended to meet the needs of the day and of those participating in them.

Expansion of community education

FPAQ sought ways to extend its services to people living in rural and remote areas of Queensland. As funds were tight and clinics expensive it decided to start part-time education services in high-needs areas with a view to setting up branches and clinic services at some time in the future. In 1978, educator Lea Shaw established the first of these satellite services in Toowoomba, where initially she operated from her own home. Despite opposition from the Catholic sector and some doctors, she created a place for FPAQ at the centre of the conservative Darling Downs farming community. Here she delivered sex education, telephone and face-to-face counselling, radio programs, public talks and courses for unemployed youths.⁴ The service ran successfully until Commonwealth funding finally enabled FPAQ to establish a Toowoomba branch, which was launched by Senator Margaret Reynolds in 1987. Education programs also preceded branch status on the Sunshine Coast where FPAQ provided support for a group of volunteers to set up an information service in September 1984. This was soon

⁴ Lea Shaw, Annual report of Toowoomba Branch, June 1979, in FPAQ folder, Early Days Toowoomba, Box 4; Morris, *Family Planning story*, 53.

extended, part-time educator Susan Treloar was employed and the operation was upgraded in February 1989 to a fully-fledged branch based at Maroochydore.⁵

FPAQ was not as successful in the more remote mining town of Mt Isa where the need for services was clear. In November 1979, when Morris and educator Carol Turnbull ran a family planning weekend at the invitation of the local Welfare Council, the response from the community was overwhelming. The sessions for nurses, teachers, Aboriginal health workers and community leaders were well-attended, but nothing compared with two sex education sessions held in a marquee, which between them attracted over 600 primary and secondary school students and their parents. Morris and Turnbull reported that conditions were 'extremely difficult, owing to a broken projector switch, the limited space, large numbers, the heat, and too much light on the screen'. They also commented on the challenges faced in the indigenous community: 'Aboriginal Health Assistants are trying to encourage the girls to space their children, but are up against extreme difficulties – lack of economic power, degenerating self image as an ethnic group, and cultural differences associated with old tribal mores'. They recommended that an educator be appointed in the near future.⁶

Following the usual pattern, Morris ran a training course for local community educators and, having identified nurse Lisa Cowling as a suitable candidate, she invited her to set up the service. Successful though it was, when Cowling resigned four years later, FPAQ decided to abandon the venture due to the expense involved and the difficulty of providing professional support for the educator.⁷ Thereafter it shied away from providing ongoing programs in such isolated areas and Mt Isa residents had to be content with occasional visits from FPAQ educators or short-term services when special funding became available.⁸

In 1978 Rockhampton's 'flying nurse' educator, Elizabeth Grigg, began delivering outreach services for doctors, nurses and community groups in rural areas, travelling to them by charter plane with the Hospital Medical Officer. She liaised with local hospitals for professional programs and relied on the

⁵ FPAQ, *Fourteenth annual report 1984-85*, 10; FPAQ, *Eighteenth annual report 1988-89*, 22-4.

⁶ June Morris and Carole Turnbull, Visit to Mt Isa November 23-24 1979 in, FPAQ folder, Early Days Toowoomba and Mt Isa, Box 4; FPAQ Staff Newsletter, December 1979, in FPAQ folder, Early Newsletters, Box 4; Siedlecky and Wyndham, *Populate and perish*, 153.

⁷ FPAQ, *Thirteenth annual report 1983-84*, 3.

⁸ FPAQ, *Twenty-fifth annual report 1995-96*, 9.

CWA to provide venues and help organise and promote school and community sessions.⁹ The following year the Commonwealth Government recognised the difficulties posed by distance in Queensland and Western Australia and provided extra money for Rural Extension Services. For the next decade this enabled FPAQ educators to drive, fly and travel by boat to centres as far afield as Weipa, Mornington Island and Julia Creek to deliver their programs.¹⁰ Visits lasted from two to five days. Typical of the intensity of outreach services was a trip by two Sunshine Coast staff to the Maryborough-Hervey Bay region where they delivered 29 sessions in just one week.¹¹ Educators in Cairns, Townsville and Rockhampton worked in partnership with the Royal Flying Doctor Service to provide services in otherwise inaccessible parts of Queensland.

In the area of disability, progress was not as rapid. The RCHR identified ‘handicapped and disabled people’ as having special needs and recommended appropriate sex education, access to services, and training for professionals and caregivers.¹² Although well aware of these needs, it was some time before FPAQ developed effective programs to service them. In 1977, social worker Carole Turnbull began running classes with psychiatric patients and people with intellectual disabilities. On one occasion, Morris was helping to deliver a session to a group of heavily-medicated, unresponsive patients at the Wacol Psychiatric Hospital when a woman shouted in through the barred windows, ‘You can’t fuck in there!’ The overall experience caused Morris to opt out of further sessions and left her wondering about the usefulness of the program and how it could be made more effective in the future.¹³

Inspiration came in 1980, International Year of Disabled People, when AFFPA won funding to sponsor Sexuality and Parenting Workshops in all states. Run by American expert Winifred Kempton, the workshops opened Morris’s eyes to better ways of doing things and led to the purchase of useful resources and teaching aids.¹⁴ Kempton’s visit also prompted Wendy McCarthy and Lydia Fegan to publish an Australian resource for professionals and parents of people with disabilities.¹⁵ All of these works were invaluable in helping FPAQ reach this target group. Staff gradually became more confident and, through education, lobbying and promotional activities, contributed to a change in community

⁹ Elizabeth Grigg, Annual Education Report from Rockhampton Branch, July 1978-June 1979; FPAQ, *Tenth annual report 1980-81*, 12.

¹⁰ Morris, *Family Planning story*, 56.

¹¹ FPAQ, *Sixteenth annual report 1986-87*, 21.

¹² Royal Commission on Human Relationships, *Final Report*, vol. 3, 248.

¹³ Morris, *Family Planning story*, 41.

¹⁴ AFFPA, *Annual report 1980-81*, 46.

¹⁵ Wendy McCarthy and Lydia Fegan, *Sex education and the intellectually handicapped* (Sydney: ADIS Press, 1984).

attitudes and better services for people with disabilities.¹⁶ By the end of the 1980s, FPAQ was running an annual training workshop for professionals, all branches were offering one-to-one education and support for carers, and hundreds of participants were benefiting.¹⁷

The kindergarten parents' program grew in popularity, boosted by the efforts of educator Ros Worger. After establishing the course in her local area, she began promoting it to other pre-school institutions in Brisbane. The program took off, never looked back and became a model of grassroots community education. As well as helping parents deal comfortably with the questions young children ask, the 'kindy talks' provided them with an opportunity to purchase a selection of sex education books, which at the time were difficult to come by. The miscellaneous collection gradually became a bookshop, which FPAQ ran for many years as a community service rather than a money-making venture.¹⁸

Free courses for TAFE students were hugely successful but temporarily became unstuck, after one of the apprentices took his promotional *Hope is not a method* book-of-matches back to the workplace. His employer complained to the Education Department about the 'rubbish' being taught in time he was paying for, and 'the TAFE boys-program came to an abrupt end with no warnings or second chances'.¹⁹ Even though FPAQ had been invited to do the sessions, they had not been formally approved. Thereafter, while some courses for males were re-instated, they never reached the same heights as the original program. There was more support for education of female college students. Talking to young women about contraception and related matters was sanctioned by the authorities who were anxious to prevent them from becoming unmarried mothers. This program lasted several years, generating income at a time when funding from the Fraser Government was tight.²⁰ Despite the setback with male apprentices, in Morris's time, tens of thousands of University, TAFE and CAE students around the state received at least a small amount of family planning education and information.

The schools program

Of all the community education programs begun in FPAQ's establishment phase, school sex education became by far the most popular during Morris's time in office. FPAQ considered education for young people to be particularly important, given their needs and the amount and varying quality of

¹⁶ For examples see: AFFPA, *Annual report 1980-81*, 46, and Chapter 9.

¹⁷ FPAQ, *Nineteenth annual report 1989-90*, 21.

¹⁸ Morris, *Family Planning story*, 59.

¹⁹ *ibid.*, 44.

²⁰ *ibid.*

information to which they were exposed. While respecting the right of parents to be the prime educators of their offspring, the Association also recognised that many felt uncomfortable talking about sex. It viewed school-based programs as an important means of providing young people with age-appropriate, non-judgmental information and skills to help them communicate with their parents and others. Starting with just eight sessions in Brisbane in 1976-77, the situation changed when FPAQ began responding to community demand and systematically offering sex education for state and private, primary and high school students and their parents. The classes were run outside school hours through Parents and Citizens Associations, with the support of school principals. The primary school program covered human fertilisation, birth and puberty, while the high school sessions included the physical aspects of sex and reproduction, sexual expression, and sexual behaviour and its consequences. Discussion of attitudes and values, rights and responsibilities was an integral component at all levels. Classes were generally structured around films, the aim being to stimulate discussion and prompt students to ask questions of the educators and later of their parents. The number of sessions jumped to 200 in 1982-83 and reached a peak of 449 in 1988-89. By this time FPAQ was reaching more than 24,000 students annually in metropolitan and regional Queensland.

Bare statistics belie the restrictive background against which the schools program developed. In most parts of Australia, education departments had acted on the recommendations of the RCHR²¹ and begun introducing comprehensive human relationships education for their students. They also recognised the work already done by their local FPAs and incorporated their expertise.²² Such was not the case in Queensland where, for many years, the Government blocked the introduction of sex education in state school curricula and used the issue to polarise the community. Analysis of this issue and FPAQ's role in it, demonstrates the odds against which the Association battled to get its message across and provide services that were taken for granted in most other parts of Australia.

Professional, community and political support for sex education in Queensland schools had been growing through the 1970s, fuelled by the need to cut the state's high rates of illegitimate births, abortion and sexually transmitted diseases, particularly among young people.²³ In 1977, when the Queensland Teachers Union recommended the introduction of HRE courses in schools, it was

²¹ Royal Commission on Human Relationships, *Final Report*, vol. 2, 39-75.

²² Siedlecky and Wyndham, *Populate and perish*, 189.

²³ For statistics and overview of research supporting the introduction of HRE in schools, see, *Fourth interim report of the Select Committee on Education in Queensland*, 1-3.

supported by many academics, professionals and other Queenslanders but vehemently opposed by a small but vocal minority. A number of groups led by Rona Joyner were active in their opposition and successful in securing political and media support. With names such as the Society to Outlaw Pornography (STOP), Campaign Against Regressive Education (CARE) and Committee on Morals and Education (COME), their aim was to protect Queensland's school children from the anti-Christian, anti-family influence 'of a small but well coordinated socialist-humanist cell' operating from within the system.²⁴



Figure 39: Rona Joyner was a powerful opponent of sex education in state schools (Logan, 19)

Emboldened by the views of extremist campaigners, the Government began intervening directly in the affairs of the Department of Education, dictating what should and should not be taught in schools and censoring teaching and learning resources. In January 1978 it banned 'Man: a Course of Study', a recently-introduced social studies program, even though it had been trialled in state schools and approved by experts from the Department. A month later it also banned the 'Social Education Materials Project', which had been prepared by the Commonwealth-funded Curriculum Development Centre and was being used in all other Australian states.²⁵ The banning of MACOS and SEMP attracted widespread publicity, polarised community debate and precipitated what Ross Fitzgerald described as one of the largest battles in Queensland education history.²⁶ Supporters of the ban argued that the courses were sexuality education programs under a different guise and were promoting un-Christian

²⁴ Fitzgerald, *From 1915 to the early 1980's*, 603-04; John Freeland, 'The MACOS issue: the result of political interference', *Queensland Teachers Journal* 1, no. 2 (1978): 7; John Freeland, 'Rona Joyner's baby: the devil in the State School', *Queensland Teachers Journal* 1, no. 3 (1978): 4; Logan, *Sex education in Queensland*, 53-4.

²⁵ Fitzgerald, *From 1915 to the early 1980's*, 602-05; Freeland, 'The MACOS issue': 7-8; John Freeland, 'Red-neck chauvinism the root cause of attack on liberal education', *Queensland Teachers Journal* 1, no. 5 (1978): 6-7; John Freeland, 'Teachers! You are under attack...mobilise!', *Queensland Teachers Journal* 1, no. 3 (1978): 1-2, 15; Logan, *Sex education in Queensland*, 53-4; Ann Scott, 'The banning of SEMP in Queensland', in *Interest groups and public policy*, ed. Roger Scott (Sydney: Macmillan, 1980), 116-51.

²⁶ Fitzgerald, *From 1915 to the early 1980's*, 603.

values. Led by the Teachers' Union and Council of State Schools Organisations, groups opposing the ban focused their criticism on the government's acts of censorship and the fact that it had been unduly influenced by a small but vocal minority.

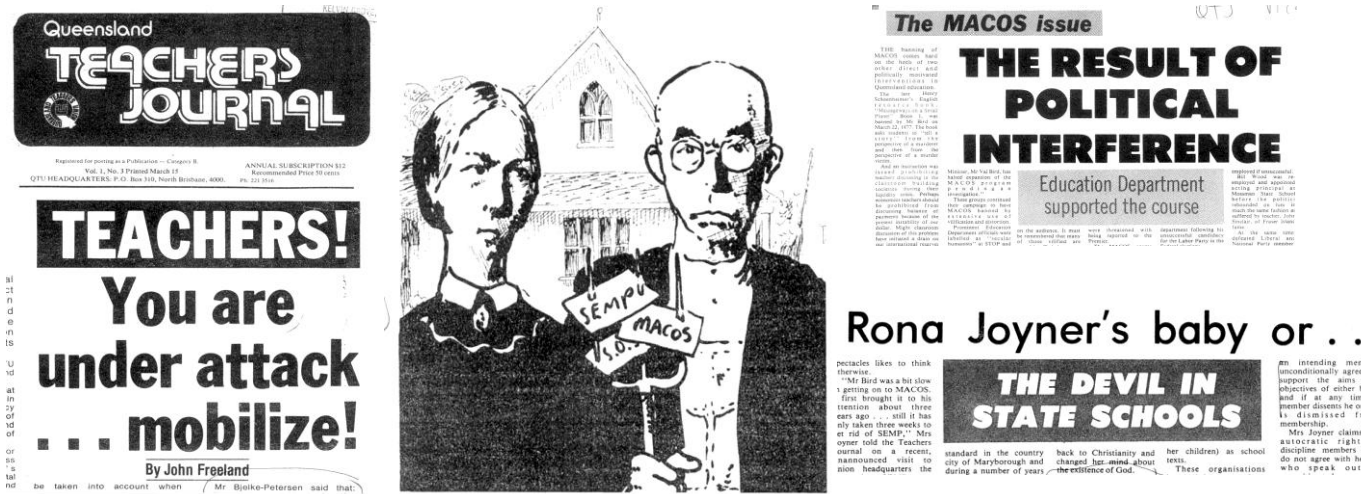


Figure 40: QTJ responded vigorously to the banning of MACOS and SEMP (Freeland, 1978)

While teachers, parents, academics and various community groups joined forces and publicly criticised the Government, FPAQ did not. It shied away from confrontation, not only for fear of losing funding for education, but also because it did not want to jeopardise its clinic services, which were already being scrutinised by the Department of Health. Instead it used the media and annual reports to press its case for sex education in schools. The report for 1978-79 censured 'the articulate minority who oppose the provision of human relationships and sex education for the young' and reiterated the view that 'the proper reply to the indiscriminate bombardment of sexual innuendo from advertising, magazines, television and films...must surely be honest information, open discussion and personal help when requested. What is surely the least successful reaction is to maintain that ignorance equates to innocence. We firmly reject that view.'²⁷

FPAQ did join in when the Parliamentary Select Committee of Inquiry into Education, chaired by Minister Mike Ahern, called for input on human relationships education. As an advocate of the Classroom Sex Education approach,²⁸ FPAQ believed that while HRE was best provided by parents, it was nonetheless essential to include it in the school curriculum. Accordingly it made a submission

²⁷ FPAQ, *Eighth annual report 1978-79*, 1.

²⁸ Logan, *Sex education in Queensland*, 2.

supporting curriculum-based education delivered by specially trained teachers during school hours.²⁹ Even though the Committee of Inquiry was set up to deflect criticism following the banning of MACOS and SEMP, FPAQ was hopeful of change. A positive outcome appeared likely in July 1979 when the Committee tabled the *Fourth interim report*. It recommended that an HRE course with a sex education component should be developed and implemented, with parents being closely involved.³⁰

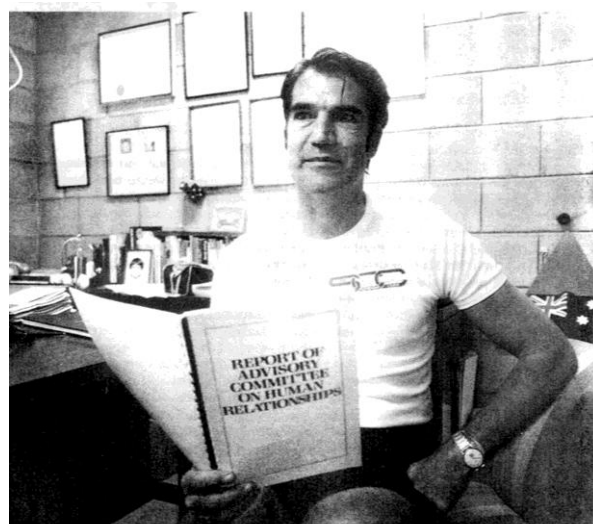


Figure 41: The Ahern and Male Reports favoured the introduction of sex education in schools (Logan, 55, 59)

Change was not forthcoming. The Government ignored the Ahern Report until 1981 when it responded by establishing another committee to further consider the matter. Led by the Reverend Alan Male, it also recommended implementation of a HRE program, development of which ‘should take place in contexts based upon the Judaeo-Christian ethical/moral position’.³¹ With Cabinet unable to agree on the findings, the report was not released at the time. As an interim measure, the Director-General of Education gave permission for approved organisations to conduct out-of-hours classes for children and parents in state school buildings.³² From this point on, FPAQ’s schools program expanded rapidly.

The Department of Education finally took action in 1984 when it introduced the Personal Development Program which was based on a minority report submitted to the Male Committee.³³ Under the PDP, the

²⁹ FPAQ, Information, Education and Communication Report 1978-79. Carole Turnbull, Submission for presentation to the Select Committee on Education in Queensland, September 1978, in FPAQ folder, Early Days Submissions, Box 4.

³⁰ *Fourth interim report of the Select Committee on Education*, 4-5.

³¹ *Report of Advisory Committee on Human Relationships*, 1.

³² Logan, *Sex education in Queensland*, 55-9.

³³ *Report of Advisory Committee on Human Relationships*, 25-7.

plan was for regional teams of trained teachers to travel around Queensland delivering after-school-hours sessions for Grades 8, 9 and 10 students and their parents. Implementation of the new program pleased neither supporters nor opponents of sex education in schools. The QTU placed bans on members becoming involved in what it described as 'closet sex education' by 'flying sex squad night time visitations', while Children by Choice described the program as too brief and 'an insult to the intelligence of students and parents'.³⁴ The Central Queensland branches of the QTU and FPAQ opposed it for being too little too late and complained that '15 teachers circulating the state would not be able to cope with demand and children in isolated country areas would miss out'.³⁵ Even extremist groups such as STOP and CARE were opposed to the PDP, believing it was unacceptable for the State to have any involvement in the sex education of children.³⁶

FPAQ had hoped that its expertise would be recognised and that it might be invited to help implement the program. This was not to be and instead the Department looked to the more conservative Family Life Movement for guidance. The Association nonetheless did make a contribution, given that most of the PDP teachers attended the family planning Educators Course, borrowed teaching resources and made use of FPAQ handouts. Morris noted in her memoirs, however, that it was 'quite irksome to hear that the teachers had been required to delete our name from the resources before they were used'.³⁷

Calls for comprehensive sex education in schools became more urgent from the mid-1980s. At the local level, raids on abortion clinics and condom vending machines drew public attention not only to the negative attitudes and provocative actions of the police and Government, but also to the high rates of unplanned pregnancy and widespread community ignorance on sexual matters. Nationally and internationally the AIDS crisis put greater focus on the need for individual empowerment through the development of personal skills, and on the role of health promotion and education in stemming the alarming spread of HIV and other blood-borne and sexually transmitted infections. It also led to greater recognition by governments of the need to work with minority groups and non-government organisations in the interests of public health.

³⁴ Logan, *Sex education in Queensland*, 69-70.

³⁵ Anne Lloyd, 'Clinic hits sex course after class plans', *Capricorn Community Newspaper*, 12 May 1983, 1.

³⁶ Logan, *Sex education in Queensland*, 69-70.

³⁷ Morris, *Family Planning story*, 47.

Growing public concern led to increased demand for FPAQ's schools program. By the latter part of the decade, educators were running classes from all branches except Mt Gravatt, and the organisation was widely recognised as a leader in the field. It responded to the AIDS and STD crises by promoting condom use and incorporating 'safer sex' information and skills development into its programs. Morris described the 1980s as 'the decade of the road shows', when up to 30 educators and offsidiers drove out from the branches to deliver their programs, cars filled with films, projectors, puberty quizzes, menstruation and contraceptive kits, and books for sale.³⁸

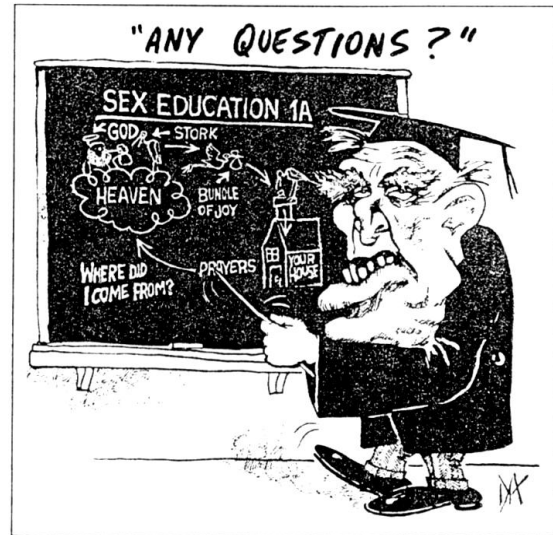


Figure 42: Differing approaches to sex education. FPAQ provided parents and children with information and encouraged discussion. The Premier favoured a religious and morality-based approach with instruction being given by parents only (*Telegraph* 17 Jan 1984; *Old Teachers Journal*, June 1982)

By contrast, the Bjelke-Petersen Government continued to ignore expert advice. It remained adamant that abstinence was the only acceptable AIDS-prevention measure, the PDP was adequate and condom vending machines would add to the moral decay of society. Even the normally conservative *Courier-Mail* criticised the Premier's 'misplaced moral stance', arguing it was no longer acceptable for him to impose his will when young people were being denied adequate sex education and Queensland had the highest ex-nuptial birth rate in Australia.³⁹ For a time, medical practitioners were the only professionals officially allowed to provide AIDS education in schools. Under this program, the government trained 45 doctors to deliver a single lecture to Year 12 students using a Cabinet-approved video.⁴⁰ While the Government was taking such a blinkered approach, FPAQ educators were running their after-school

³⁸ *ibid.*, 48-9.

³⁹ 'A misplaced moral stance' (Editorial), *Courier-Mail*, 18 December 1986.

⁴⁰ Lewis, *Thorns on the rose*, 451-2.

classes and answering questions, not only on the usual topics of where babies come from and how they get out, but also on coloured and flavoured condoms and anal and oral sex, from young children who regularly heard about these subjects in the playground or through the media.



Figure 43: Cartoonist Bruce Petty's view of sex education in schools (*Australian*, 21 April 1972)

In April 1987, when the Government introduced a school AIDS-education program which did not include a sex education component, Health Minister Mike Ahern and many others were publicly critical. They argued that, to be effective, it was essential to include information about safe sex and condoms. Debates such as this polarised the National Party and became a symptom of the instability of the Government.⁴¹ Bjelke-Petersen became increasingly erratic and isolated, finally resigning in December 1987 under the cloud of Fitzgerald Inquiry allegations of involvement in police and political corruption. Ahern became Premier and initiated a review of the PDP with a view to introducing in-class sex education in state schools. While FPAQ was disappointed that, once again, it was not formally included in the process, it nonetheless welcomed the change of leadership.⁴²

⁴¹ Logan, *Sex education in Queensland*, 68.

⁴² 'Exit Sir Joh', *Sydney Morning Herald*, 2 December 1987.

In May 1989 the Premier's wife Andrea Ahern launched *Where do I start?*, a new video discussion kit designed for use with preschool and kindergarten children.⁴³ In keeping with FPAQ's philosophy that parents should be the key educators of their children, its aim was to empower those living in rural and remote areas. The positive response FPAQ received from the media and the public indicated that the social and political climate in Queensland was changing rapidly.⁴⁴ Although opponents occasionally made their presence felt in response to subsequent FPAQ activities, after the fall of the Bjelke-Petersen Government the issue of sex education in schools became much less controversial for all concerned.

Professional training courses

One of the central aims of the Family Planning Program was to enable the spread of services through the provision of professional training for health and welfare workers. These groups required specialised knowledge of human sexuality and related issues and up-to-date information and skills in the rapidly changing field of contraception. They also required training to equip them to understand and deal sensitively and holistically with clients' needs. At the beginning of 1977, FPAQ had well-organised training programs underway, including a nationally-accredited Certificate Course in Contraception and Family Planning for doctors and a number of courses for nurses and community educators.

In October 1977 Dr Pamela Chick took over from Dr Jill Morrison in the renamed position of Medical Superintendent.⁴⁵ Over the next 14 years she and a team of instructing medical officers delivered meticulously-planned training courses for hundreds of doctors. To qualify for the Certificate in Family Planning, they were required to complete a five-day course, practical training and a viva voce examination conducted by representatives of the RACOG and the RACGP. The courses were limited to 20-25 participants and were often oversubscribed. Preference was given to practitioners from non-metropolitan areas and in the late 1980s FPAQ awarded a number of Rural Outreach Bursaries to help country doctors attend. In addition to running its own courses, FPAQ provided the family planning components of the Family Medicine Program and the RACOG Diploma in Obstetrics.⁴⁶

By the time Chick retired in 1991, not only had she overseen the training of hundreds of doctors to Certificate level, but she and her team had also contributed to the knowledge and skills of many more

⁴³ Sandra Killen, 'Sex education long overdue, says Mrs Ahern', *Courier-Mail*, 3 May 1989.

⁴⁴ 'Video hits mark', *Sun*, 3 May 1989; 'Powell backs another loser', *Sun*, 3 May 1989.

⁴⁵ FPAQ, Minutes of Council Meeting, 15 November 1977.

⁴⁶ FPAQ Council and Executive Committee Meeting, Senior Medical Officers Report, 4 December, 1978; FPAQ, *Eighth annual report 1978-79*, 12.

health-care practitioners and students through lectures, seminars, workshops and practical training in the clinics. As well as being proficient trainers and clinicians, Chick, her deputy Dr Jane Howard and their colleagues in the branches were effective and articulate educators who took the family planning message well beyond the bounds of formal presentations. Chick was the medical voice of FPAQ, a willing media spokesperson who regularly clarified medical and legal issues and defused contraceptive controversies, always aware of the need to communicate in language which ordinary people could understand. Howard had a particular interest in sexual problems and counselling and for some time participated in a popular late-night radio-talkback program to educate and answer callers questions on a range of topics.

Annual reports show that professional training programs for nurses and community educators grew in popularity and were diversified to meet the needs of client groups. Fee-paying courses introduced in 1977 were filled to capacity and the numbers which were offered multiplied over the years.⁴⁷ Courses for Community Health Nurses increased to three per year to cope with expansion of the Commonwealth's Community Health Program to rural areas, and in 1984 Morris tailored a course to meet the needs of Maternal and Child Health Nurses. The latter group had previously been expected to counsel new mothers and provide Mothercraft classes in schools, with no formal training at all.⁴⁸

The courses met with criticism from time to time. While they were generally well received and valued in a personal and professional sense, some participants were offended by the topics covered or found it confronting to watch films about sexual matters, mistakenly interpreting them as pornographic.⁴⁹ The most serious incident occurred in September 1978, when the abortion issue was highly contentious in Queensland and the Lusher debate in the Senate was focusing attention on Medicare rebates for the procedure.⁵⁰ In the same phone call in which the Director-General of Health and Medical Services Mr P. G. Livingstone conveyed misgivings about clinic practice in relation to abortion,⁵¹ he also said there had been complaints about the training courses. One was that Children by Choice was presenting a

⁴⁷ The standard courses were labelled A, B and C. Nurses and community educators could do Courses A and B, with nurses having the option of completing additional practical training to receive a certificate. Part A covered physiology and the clinical side of contraception while Part B focused on sexuality, values and related issues. From the mid-1980s, a Part C program was added, specifically to cater for teachers. Education Officer's Report, in FPAQ Folder, Inserts Annual Reports, Box 6.

⁴⁸ Morris, *Family Planning story*, 30.

⁴⁹ Bannah, ed., *Family Planning Queensland*, 62.

⁵⁰ Siedlecky and Wyndham, *Populate and perish*, 61.

⁵¹ See Chapter 7, Impact of the State Government.

session and providing doctors with information on its services; the other that FPAQ was screening films which could be construed as encouraging acceptance of abortion. On instruction from the Council, Clark defended the use of the films and the need to include discussion of termination of pregnancy in both courses. However, on the issue of *Children by Choice*, he conceded that FPAQ would no longer invite outside agencies to present information on abortion counselling.⁵²

Professional training courses continued to play an important role in staff recruitment. They were ‘ideal selection panels for finding suitable staff’ because, as Morris explained: ‘personalities show up well in a group. We acted as talent scouts and would approach them to see if they were interested, or sometimes they asked us’.⁵³ Many who were recruited this way stayed for long periods, took advantage of opportunities to develop personally and professionally, and made significant contributions to FPAQ. Not only was this form of recruitment convenient, but inadvertently it also contributed to the cohesiveness of staff and the effectiveness of what they were doing. The courses self-selected individuals with an interest in the field and revealed their values and potential to be effective educators.

Nursing education

General nursing education was another area where FPAQ found a niche early on and was enterprising enough to evolve with it. Starting with a few lectures to midwives, third year nurses and nurses’ aides, by the end of the 1970s, the Association was providing lectures for nurses at all levels in the major metropolitan teaching hospitals. Up to this point, training had been conducted through the traditional hospital-based apprenticeship system, with little or no focus on public health issues. By 1982, Colleges of Advanced Education had become involved and Morris reported that ‘with current changes in the education of nurses, a new emphasis on family planning and sexuality has resulted in greater demand for lectures in schools of nursing’.⁵⁴ Further change began in the mid-1980s when the Commonwealth Government began the process of transferring nurse education to the tertiary sector. This move was described by Judith Lumby as the ‘single most influential factor for nursing’s professionalisation and politicisation’,⁵⁵ and by Helen Keleher as a milestone in broadening nursing’s vision from the illness paradigm to that of public health.⁵⁶ As part of a staged state-by-state transfer, Queensland’s first tertiary course for nurses began at the Queensland Institute of Technology in the late 1980s, the plan

⁵² Letter from Barton Clarke to P. G. Livingstone, 19 September 1978.

⁵³ Morris, *Family Planning story*, 35.

⁵⁴ FPAQ, *Eleventh annual report 1981-82*, 19.

⁵⁵ Judy Lumby, *Who cares? The changing health care system* (Crows Nest: Allen and Unwin, 2001), 26.

⁵⁶ Keleher, ‘Repeating history’: 261.

being to phase out the apprenticeship system by 1993. The immediate effect of the shift to the tertiary sector was a drop in the numbers doing FPAQ courses from a peak of 236 in 1986-87 to 175 in 1988-89. This was balanced by greater demand for practical training in FPAQ clinics and lectures on specialised topics for a variety of groups.⁵⁷

The upgrading of nurses' training was not universally welcomed. In some sectors, reactionary responses highlighted ingrained anxiety and resistance to any change in the status of women. Male-dominated disciplines such as accountancy, building and business had transferred to the tertiary sector with minimal fuss. By contrast, when it was announced that nursing would follow suit, there were accusations in the media that nurses were abandoning their feminine, nurturing and supporting roles and their obligations to society, in favour of self-interested pursuit of academic knowledge. In support of the move, Dr Anne Summers from the Office of the Status of Women argued that it was an important recognition of women's roles and rights, at a time when females doing the same jobs as men averaged only 78 percent of men's earnings. The response from Bruce Sheppard, President of the New South Wales branch of the AMA demonstrated that medical dominance was also an issue. He asserted that 'there could only be one boss' and condemned the nurse educators who were behind the move, describing them as 'hairy-legged Stalinists'.⁵⁸

FPAQ and nurse practitioner training

By the late 1980s Morris had made great strides in nurses' education and training. However, behind the scenes she had been battling to extend the role of her clinic staff and get nurse practitioner training underway. Unlike the family planning doctors, who had uniform standards of practice and a nationally-accredited training program, nurses' roles and courses varied from state to state. In 1976 the progressive FPA/NSW had introduced a nurse practitioner program, which involved intensive training to equip them for a range of procedures normally carried out by doctors.⁵⁹ Extension of the nurses' role was supported in principle by a number of other FPOs but not FPAQ.⁶⁰ Although Morris lobbied hard for her nurses to be given similar opportunities, she could not get the support of the Council or the doctors. At the national level, the Federation attempted to standardise programs by commissioning

⁵⁷ FPAQ, *Sixteenth annual report 1986-87*, 19; FPAQ, *Eighteenth annual report 1988-89*, 28; Morris, *Family Planning story*, 51.

⁵⁸ Lumby, *Who cares? The changing health care system*, 27-8.

⁵⁹ AFFPA, *Annual report 1976-77*, 29.

⁶⁰ *ibid.*, 19, 70, 84, 100. FPAQ Executive Committee Minutes, 31 May 1977 recorded support for the move, but there is no mention of it in subsequent minutes or in annual reports.

FPA/NSW nursing sister Coral Knight to compile a training manual. The project came to nothing, however, when it was rejected by 'the medical men', three university professors involved with family planning, who commented 'very adversely' on it.⁶¹ As Fraser Government policies impacted on fee structures in the clinics, AFFPA put aside moves to develop the program.

When the Hawke Government introduced Medicare in 1983 and clinic consultations were once again free, the Federation reconsidered the possibility of offering clients a choice of provider through nurse practitioners. The Task Force appointed to explore the options recommended that a nationally-accredited nurses training program be introduced in 1986, with implementation being preceded by the training of two senior clinical nurses from each state.⁶² While the move was enthusiastically embraced by the nurses, it was equally resisted by the FPAQ Medical and Training Advisory Committee. Even before the Task Force report had been presented to the National Council, the FPAQ Committee had rejected the proposal on medico-legal grounds.⁶³ In February 1985, Morris convened a Nurses Advisory Committee, which included outside experts, in the hope that they might be able to facilitate change. This was not to be. A detailed discussion paper and further meetings failed to convince the medical committee to budge on the issue of an extended role for nurses. Although Morris and Nursing Education Co-ordinator Margaret Wrighton did attend the pre-implementation training workshop in Sydney, the nurse practitioner training program did not proceed in Queensland at this time.⁶⁴

Other developments

By the end of the 1980s, the regional educators were offering most programs. The main difference between them and their Brisbane counterparts was that they travelled further and operated under more varied and challenging circumstances. Cairns educator Chris Payze recalled making long trips on unsealed roads and taking advantage of opportunities which presented themselves along the way:

If there was bitumen we'd often use our own car and be reimbursed. For Cooktown we'd hire a vehicle and maybe do a couple of little schools on the way up. One year we took a car up but came back on a boat. We used to carry a projector too and the big reels of film. We'd go south as far as Cardwell and out

⁶¹ FPAQ, Report of meetings of AFFPA, 19-20 October 1977.

⁶² FPAQ Nursing Advisory Committee, 'Are changes in the role of the family planning nurse desirable for the health care of Queensland women, and compatible with the objects of the Association?' Discussion paper, 16 July 1985, 1.

⁶³ 'Summary of discussion by Medical and Training Advisory Committee pertaining to AFFPA National Training Certificate for Nurses' & FPAQ Record of joint meeting of the Nursing Advisory Committee and the Medical and Training Advisory Committee, 16 September 1985.

⁶⁴ Morris, *Family Planning story*, 31.

west to Georgetown and Croydon and places like that. We'd do an over-night trip or maybe stay a couple of nights.⁶⁵

In general the branch educators benefited from closer involvement with their communities. Service clubs and the media were supportive, as was the CWA which represented an invaluable statewide network for contacts, venues and advertising. Cairns educator Chris Payze explained the importance of catering for the needs of local groups:

For example, when we'd do the Tablelands, you couldn't go at times when they were milking. We fitted in with the locals because they were farming communities. We'd know we couldn't run sessions before 7 o'clock; we'd know we couldn't go to the cane-growing areas during the crushing season. We worked in with the communities so at least we could have some input into their wellbeing.⁶⁶

The dedication of branch educators sometimes extended above and beyond the call of duty. Such was the case in 1988 when Elizabeth Grigg was running the two-day Sexuality Workshop for the first time in Rockhampton. With participants having driven up to four hours through torrential rain to attend, Grigg felt obliged to be there for the second day's program. That involved crossing a flooded creek, as she described in a routine report to headquarters:

With the neighbour walking a little ahead to break the flow, then Bill, with me clinging to him, we struggled across. The water was over our thighs and in some parts was very fierce. We felt as though we would lose our footing many times. But we made it to the other side where our neighbour's wife was waiting to drive me into Rockhampton and work. I changed my jeans for a skirt and got on with the course.⁶⁷

With branches spread throughout the state, in-service training posed major difficulties. This was particularly so in the early days when communication technologies were basic, roads poor, air-fares expensive and money in short supply. Initial training was complemented by staff newsletters, locally arranged lectures and seminars, and sessions in Brisbane for those close enough to attend. From 1979 FPAQ began running annual workshops for educators in the southeast corner and from 1985 paid for

⁶⁵ Chris Payze, interview by author, Cairns, 28 August 2007.

⁶⁶ Ibid.

⁶⁷ Elizabeth Grigg, Dedication: report on Sexuality Workshop, 4-5 July 1988, in FPAQ folder, Early Days Rockhampton, Box 4.

more distant staff to attend. The three-day program provided welcome contact for the educators, who were able to share experiences, update their skills and survey the latest teaching resources.



Figure 44: Educators meeting 1987. Standing: Dianne McDonnell; middle row: Helen Draper, Linda Morley, Diane Farrell, Peter Van der Duys, Bernadette Mercer, Mieke Brandon; front row: Noela Armstrong, Catriona Tullberg, Jan Buntine, Kelsey Powell, June Morris and Lea Shaw (FPAQ, AR 1986-87, 18)

By the end of the 1980s, technology was demonstrating its potential to narrow the gap between city and country in matters of education and training. In March 1986, Medical Superintendent Dr Pamela Chick joined the RACGP and the Family Medicine Programme in presenting Australia's first AUSSAT medical telecast to doctors in regional Queensland. Her contraceptive update was telecast live with provision for participants to interact via the telephone. The talk was well received and widely reported in the media as a milestone in the development of communication technology.⁶⁸ Not long after, Education Services joined Queensland Health in providing sexuality education for nurses in regional and remote areas through the QNet Communication System.⁶⁹

Morris steadily developed information services including a library, bookshop and film and video lending collection. She also produced many educational resources. Starting with teaching materials for in-house use and a wide range of factsheets and brochures, she gradually became involved in the

⁶⁸ Marilyn Bitomsky, 'Qld's FMP satellite launch', *Australian Dr*, 4 April 1986; 'World first as doctor lectures by satellite.' *Courier-Mail*, 4 March, 1986; FPAQ, *Fifteenth annual report 1985-86* (Fortitude Valley: FPAQ, 1986), 9.

⁶⁹ FPAQ, *Sixteenth annual report 1986-87*, 19.

production of more substantial publications. In 1980, FPAQ was commissioned by the Queensland Division of Health Education and Information to prepare the *Aboriginal health workers' teaching kit*. Apart from having to remove all mention of sterilisation and the long-acting contraceptive depo provera because of cultural sensitivities, the kit was well received, widely-distributed and affirmed the esteem in which FPAQ was now held.⁷⁰ Morris wrote a chapter for *Teaching about sex*, a book for teachers, tertiary educators and parents. Edited by Wendy McCarthy with contributions from all FPOs, the book was released in October 1983 and went into a second print run just four weeks later.⁷¹ In 1989, in a sign of things to come, Morris made *Where do I start?*, the Association's first multi-media production and its first for-sale educational resource.

Morris began planning to 'hang up the condoms' in December 1988 when she gave one year's notice of retirement.⁷² By the time she left, the Education budget had risen to more than \$500,000, courses were surging ahead, all regional centres had thriving education and training services and staff had reached over 38,000 people during the year. Despite having achieved so much, when Morris reflected on her career, she had two regrets. The first was that she had failed to lift the status of Education Services. She wrote that for the whole of her tenure, 'clinics were the *raison d'être* of the entire organisation and education had only developed because there was a demand for it and because it served to advertise the clinics. Education was the poor relation.'⁷³ Her other disappointment was that she been unable to extend the nurses' role and introduce nurse practitioner training. In an account tinged with bitterness, she recalled of those who had blocked it: 'They couldn't understand how it could be done, didn't want to understand how it could be done; weren't interested in handing over any responsibility at all'.⁷⁴ Both of these issues would continue to plague heads of Education Services and others for a number of years to come.

Morris's retirement marked the end of an era. Not only was there no one to take over the juggling of so many roles, but the demands on the organisation were becoming such that it would never again be possible for one person to do so much. Nationally, the funding landscape was changing, while at the

⁷⁰ FPAQ, *Eleventh annual report 1981-82*, 23.

⁷¹ Wendy McCarthy, ed., *Teaching about sex: the Australian experience* (Sydney: AFFPA; Allen and Unwin, 1983); AFFPA, *Annual report 1983-84* (Sydney: AFFPA, 1984), 2.

⁷² Morris, *Family Planning story*, 66.

⁷³ *ibid.*, 29. This view was supported by Chris Payze who commented that when she became clinic nurse/education officer in Cairns in 1983, one of the medical officers would regularly say: 'Things are a bit slow – get out there and do a bit of advertising'. Chris Payze, interview.

⁷⁴ Bannah, ed., *Family Planning Queensland*, 58.

State level, the election of the Labor Party, just two weeks before Morris retired, heralded a transition to new ways of working.

Anne Zafer Era, 1990-92

Anne Zafer became Educator Director in January 1990. Having been a social worker and manager in the Department of Family Services and Aboriginal and Islander Affairs, she brought experience of public service management practices to FPAQ and a link with the department through which Education Services was being funded. The hope was that she might apply her knowledge, skills and contacts to the Association's advantage.

On taking up the position, Zafer faced a number of challenges, all of them requiring immediate action. The most pressing were accommodation and conditions of employment. With staff numbers expanding rapidly, Fortitude Valley educators were crammed into one small room. The bookshop was in the foyer, the filing cabinets and photocopier were in the library, and teaching resources and the training room were on the lower ground floor. The situation in the branches was no better. On a very limited budget, Zafer initiated improvements which made working environments more functional and comfortable. She upgraded most staff to permanent employment status, a long-overdue move, given that some had been working on a sessional basis for more than ten years. Although almost all positions remained part-time, that suited the needs of educators, most of whom had young children. Zafer also made arrangements for them to be paid for out-of-hours professional development activities.

Another area desperately in need of an overhaul was technology. While Morris had been an exceptional educator and initiator of services, she was of a generation which could make-do without resorting to the new developments that were revolutionising office practices. Computers, printers, microfiche reader and photocopiers were added to the stock-in-trade and the librarian was given the go-ahead to computerise the catalogue.⁷⁵

Yet another challenge for Zafer was to tap into the increasing amounts of funding being made available to the States by the Federal Government. Although FPAQ had been quick to respond to the HIV/AIDS

⁷⁵ Upgrading technology was an expensive exercise at the time. FPAQ Council Minutes, 9 August 1990, record that two IBM computers, word processing programs and laser jet printers cost \$14,255.

crisis by incorporating safer sex information and strategies into its programs, attempts to procure AIDS-related grants had been largely unsuccessful.⁷⁶

The situation began to improve when the new Goss Government shifted responsibility for the Family Planning Support Program from the Family Services Department back to Queensland Health.⁷⁷ Given that Education Services' focus was health promotion rather than families as such, this was a more comfortable fit and meant that it was in closer touch with the department through which the Federal Government was channelling preventive health funding. The Cairns Branch won the Association's first special project grant for a small scale AIDS-prevention activity. So successful was it that, in 1990, FPAQ was funded to replicate it in five other branches.⁷⁸ Having broken the funding drought, the educators then successfully applied for grants for a variety of projects ranging from a needs assessment in Logan to a joint venture with the Royal Flying Doctor Service to train Aboriginal and Torres Strait Islander health workers.⁷⁹ Education Services also benefited from a large grant from Queensland Health to jointly run a Cervical Cancer Coordination Feasibility Study in the Far North.⁸⁰ With smaller grants, FPAQ began updating brochures and handouts and giving them a more contemporary look.⁸¹

Based on the success of these projects, in 1992 Queensland Health invited FPAQ to coordinate *Women men and AIDS*, a \$70,000 promotion which aimed to increase community awareness of HIV/AIDS transmission among heterosexuals. This marked a milestone in the Association's ability to attract substantial grants and affirmed its growing status in the field of education and health promotion. The success of the program and the fact that it utilised research-based methods to achieve the desired outcomes, established FPAQ's credentials in terms of professional practice and project management.⁸² At a time when grant applications were set to become essential to the development of Education Services, and governments at both levels were demanding greater accountability, Project Coordinator Lea Shaw's work served as a model for future ventures.

⁷⁶ FPAQ Council Minutes, 26 September 1990.

⁷⁷ FPAQ, *Twentieth annual report 1990-91*, 10.

⁷⁸ FPAQ, *Eighteenth annual report 1988-89*, 30; FPAQ, *Nineteenth annual report 1989-90*, 30.

⁷⁹ FPAQ, *Twenty-second annual report 1992-93*, 23.

⁸⁰ Educators stimulated interest in cervical screening by running community awareness programs, which were then followed up by family planning medical staff or local doctors who provided physical examinations and Pap smears, FPAQ, Minutes of Council Meeting, 26 September 1990; FPAQ, *Twentieth annual report 1990-91*, 30-2.

⁸¹ FPAQ, *Twenty-second annual report 1992-93*, 34.

⁸² Lea Shaw, Report on Women, Men and AIDS project: submitted to Queensland Health, AIDS Unit, Fortitude Valley: FPAQ, 1992, in FPAQ folder, Women Men and AIDS, Box 5.

As Zafer did not come from an education background, she left delivery and further development of teaching and learning programs to the educators who had previously marched to the beat of Morris's drum. While courses for teachers, nurses, youth workers and people with disabilities continued to be popular, it was in the area of nurse education that the greatest advances were made. A significant development was the design and delivery of Reproductive Health and Sexual Well Being, FPAQ's first university-accredited course for registered nurses studying at Queensland University of Technology. Another important first for the Association was its involvement in the training of six Mobile Women's Health nurses who were appointed by Queensland Health to work at an advanced-practice level in rural areas.⁸³ In terms of medical education, Dr Jane Howard broke new ground by collaborating with government, university and professional groups to develop the Graduate Certificate in Health Sciences (Sexual Health), an 18-month course for doctors and nurses.⁸⁴

FPAQ received an unexpected setback with its plans for school sex education. Just as the HRE program initiated by Mike Ahern was about to get underway, the Goss Government began implementing public service reforms, which led to a reduction in the number of HRE consultants.⁸⁵ The problem was exacerbated when the Department implemented a new system whereby community-based committees were made responsible for the content of their own school's HRE curriculum and could choose to ignore sexuality education altogether.⁸⁶ Instead of servicing an anticipated increase in demand for teacher training, numbers dropped away and FPAQ was left to explore the potential for expansion into other areas, the most promising being the primary school sector.⁸⁷

The educators began to take a greater interest in research. In 1990, IPPF Central Council had adopted a policy which aimed at encouraging members to become involved in social science research and integrate relevant findings into their programs.⁸⁸ The Family Planning Federation of Australia responded in September 1992 by staging a national conference, *Out in the open: teaching about*

⁸³ FPAQ, *Twentieth annual report 1990-91*, 27.

⁸⁴ FPAQ, *Twenty-third annual report 1993-94*, 13. Those involved were the Queensland Postgraduate Medical Education Centre, the University of Queensland Tertiary Education Institute, the Department of Social and Preventive Medicine and Queensland Health.

⁸⁵ Powell, *History of sex education in Queensland*, 17.

⁸⁶ Shaw, *Report on review of FPAQ*, 13.

⁸⁷ FPAQ, *Twenty-first annual report 1991-92*, 25.

⁸⁸ IPPF, *Policy handbook: as amended and approved by Governing Council, November 2000* (London: IPPF, 2001), 41.

sexuality. Queensland educators were on the organising committee and staff from all branches attended as a substitute for the normal three-day in-service training workshop.⁸⁹



Figure 45: Educators setting off to *Out in the Open* conference 1992. L. to R. Sarah Attwood, Sandy Collins (T'ba), Kelsey Powell, Wendy Darvill, Annette Powell (R'ton), Chris Payze (Cairns, seated), Education Director Anne Zafer and Georgia Green (T'ville) (FPAQ, AR 1992-93, 35)

While Zafer was in office, not only was Queensland's social and political environment being transformed, but FPAQ was also in a state of flux and beginning to experience difficulties. Money was in short supply, key staff had resigned and in the course of doing consultations for the *Women men and AIDS* Project, Shaw had identified unrest in some branches, where staff were wanting a voice in their own affairs and greater guidance from management. Acknowledging the need for change, the Council commissioned Shaw to do what turned into a review of the organisation 'as preparation for strategic planning'. The review highlighted FPAQ's continuing focus on the medical model of service delivery at the expense of a more economical health promotion approach.⁹⁰ Given changes that had taken place in the public health arena and the high cost of running clinics, Shaw suggested the Association reorient its focus and make greater use of education and outreach services. She emphasised the need for future planning and the setting of priorities to enable it to be accountable and be seen to be meeting goals.⁹¹

⁸⁹ FPAQ, *Twenty-second annual report 1992-93*, 34.

⁹⁰ Shaw, Report on review of FPAQ, 30.

⁹¹ *ibid.*, 38.

In relation to Education Services, Shaw uncovered many areas of concern. Uppermost was the lack of value attributed to the educators, the low priority accorded to their work and inadequate funding. Staff had no clear vision of organisational aims and objectives, no guiding strategies for their work, and most were critical of management. Shaw noted that ‘Some educators saw the organisation as bureaucratic with little liaison and poor communication between all sections...Management and organisational skills were perceived to be lacking, as were skills in educational programming and evaluation’.⁹² In short, the educators called for the implementation of a more professional approach, including clarification of job descriptions, establishment of accreditation standards, formal procedures for developing and evaluating programs, paid professional development and strategies to guide them in their work. They also wanted steps to be taken to reduce the isolation they felt, particularly in the branches.⁹³ Faced with the magnitude of the issues raised in the review, Zafer resigned at the end of her third year in office. Although much remained to be done, in her time as Education Director, she had improved working conditions for staff and begun professionalising and modernising Education Services – a process which would gather pace and continue for the rest of the decade.

Suzanne Davies Era, 1993-94

With the Review having focused on the need to professionalise all aspects of Education Services, it is not surprising that the next Education Director was chosen for her teaching and management background. Suzanne Davies came from the NSW Department of Education where she had variously been a teacher, curriculum developer and manager. She immersed herself in the job and began the process of implementing change. In a matter of months she had visited all regional centres and developed a three-year strategic plan to clarify goals, set priorities and guide development of Education Services. Importantly, her strategic plan also became the basis for requests for Queensland Health funding, which was now provided under a service agreement covering specified programs and goals.⁹⁴

Davies increased the number of educators in the Brisbane office from four to seven, defining areas of responsibility as Nursing, Schools, Youth, Community, Disability and Publicity and Promotions. She allocated existing educators to particular services and targeted applicants with a teaching background to fill the Schools and Youth positions. The recruitment methods she used were more rigorous, with job

⁹² *ibid.*, 39-41.

⁹³ *ibid.*

⁹⁴ FPAQ, *Twenty-third annual report 1993-94*, 26.

descriptions, selection criteria and public-service-type panels replacing the more casual processes of the past. To take advantage of rapidly evolving technology, Davies created a new position of part-time Computer Operator.⁹⁵ Although hardware and software were still expensive, it nonetheless made good economic sense to work towards in-house production of everyday resources such as teaching handouts and advertising flyers. A further benefit was the ability to give them a more professional look than was possible with roneoed sheets off the Gestetner.



Figure 46: Jillaroos from Green Hills Station with Cairns Educator Chris Payze (FPAQ, AR 1992-93, 22)

In the branches the educators continued to respond to local needs. They ran school, community and disability programs and assisted in the delivery of professional training courses. Among the more unusual were sessions for youths on probation or in correctional centres in Ipswich and on the Sunshine Coast, and outreach programs for jackeroos and jillaroos on Far North Queensland cattle stations.⁹⁶ Educators from around the state came together for annual in-service training workshops. Under Davies, these became more formal and structured affairs, demanding greater input from the educators and involving them in planning for the year ahead.⁹⁷

Metropolitan and branch educators were encouraged to collaborate with other organisations and explore opportunities to attract funding and expand services. As the Goss Government implemented its

⁹⁵ *ibid.*

⁹⁶ FPAQ, *Twenty-second annual report 1992-93*, 22.

⁹⁷ FPAQ, *Twenty-fourth annual report 1994-95*, 27.

policy of regionalisation, FPAQ was advantaged by the fact that it had branches in nine of the 13 new Queensland Health zones.⁹⁸ The educators won funding from various departments for large and small projects.⁹⁹ A major boost came in 1993-94 with implementation of the Cervical Cancer Prevention Program, a national initiative involving the provision of Pap smears and education services in the regional branches. FPAQ also received funding through the Peninsula and Torres Strait Island Sexual Health Program to provide outreach screening services for women in rural and isolated areas.¹⁰⁰ Increasingly FPAQ was also included as a key player in funding proposals of other organisations.¹⁰¹

Training and education programs made great progress under Davies. This is evident in statistics which show that, in the year to June 1994, FPAQ provided services to 47,520 participants, an increase of 27 percent on the previous year. Not only were the educators now reaching greater numbers of people and generating more income, but a long list of highlights illustrates the success of Davies' drive to professionalise education, information and training services.

The nurses training program coordinated by Kelsey Powell moved ahead in leaps and bounds. The Reproductive and Sexual Health certificate course for registered nurses was accredited by the national federation (now known as Family Planning Australia Inc.) and the QUT School of Nursing, and was being developed as a distance-education training package.¹⁰² Significantly, in 1994 QUT invited FPAQ to develop a theoretical and clinical training unit on sexual and reproductive health for the Graduate Diploma in Advanced Nursing. This was a new course which the university was developing to cater for the training needs of Mobile Women's Health Nurses.¹⁰³ As FPAQ nursing staff had thus far been unable to achieve nurse practitioner status, the development of the course would have major implications for them in the not too distant future.

School Education Coordinator Judy Rose guided the development of three new in-service training courses for primary and secondary school teachers and, in 1993-94, oversaw the delivery of sex

⁹⁸ FPAQ, *Twenty-first annual report 1991-92*, 6.

⁹⁹ These included co-management of the Youth Health Service on the Gold Coast, an early childhood sexuality program for parents in Far North Queensland, production of a brochure for women with a disability and development of *Choice or Chance*, a pilot teaching program to help young people avoid high-risk sexual behavior, FPAQ, *Twenty-third annual report 1993-94*, 31.

¹⁰⁰ *ibid.*, 45; FPAQ, *Twenty-fourth annual report 1994-95*, 31.

¹⁰¹ FPAQ, *Twenty-third annual report 1993-94*, 26-33.

¹⁰² FPAQ, *Twenty-second annual report 1992-93*, 32.

¹⁰³ FPAQ, *Twenty-third annual report 1993-94*, 27.

education classes for 33,755 school students. Having previously worked in curriculum development with Education Queensland, Rose's knowledge, skills and contacts were valued. Youth Educator Janine Botfield focused on development of high school resources while Sarah Attwood made a major contribution to the development of primary school resources such as *Talkin' about it*, a teaching package that incorporated two hours of in-service training in the purchase price. In a move which was considered innovative at the time, Disability Educator Anthony Walsh devised a new workshop for adults with mild intellectual impairment, which included information on safer sex, assertiveness and self-protection.¹⁰⁴ Wendy Darvill excelled in the role of Publicity and Promotions Officer, which involved policy planning and development of information resources, campaigns and promotional material.¹⁰⁵



Figure 47: Surfers Paradise State School students in a lesson with Shona Charters (FPAQ, AR 1998-99, 18)

As part of the emerging trend towards evidence-based practice, Davies encouraged the educators to make greater use of research to inform their work. For a number of years they had used research-based 'Answers to twelve objections to sex education in schools' to support their activities.¹⁰⁶ While this had served them well, research had moved on and demands on the FPOs had become more complex. Behavioural studies were adding credibility to the established practices of the FPAs and results of a WHO survey showed that, contrary to the fears of many, sexuality education delays the onset of sexual

¹⁰⁴ *ibid.*, 29.

¹⁰⁵ FPAQ, *Twenty-second annual report 1992-93*, 34.

¹⁰⁶ Ronald Goldman and Juliette Goldman, *Answers to twelve objections to sex education in schools*, Melbourne: La Trobe University, 1984.

activity and increases safer sexual practices among those who are already sexually active.¹⁰⁷ Other studies were suggesting that sex education had greater impact if provided earlier, rather than later, when sexual activity may already have commenced.¹⁰⁸ Such evidence was important for all members of the movement, not only in providing a rationale for the development and delivery of education programs, but also for countering ill-informed criticism of their activities. The Sexuality Education and Information Council of the United States was also vital in this regard, publishing practical, research-based articles and position papers in the *SIECUS Report*, which was avidly scanned by the educators.



Figure 48: The Education team 1994. Back row: Marja Patterson (T'ville), Kelsey Powell, Anthony Walsh, Cathy Elliott (Ipswich). Sandy Collins (T'ba); Middle row: Chris Payze (Cairns), Shona Charters (GC), Wendy Darvill, Judy Rose, Sarah Attwood; Front: Education Director Suzanne Davies, Janine Botfield, Jenny Donoghue (SC) (FPAQ, AR 1993-94, 10)

FPAQ formalised its interest in the scholarly aspects of sexual and reproductive health in May 1993 when it established a Research Advisory Committee with social and behavioral researcher Dr Michael Dunne as Chairman.¹⁰⁹ With members drawn from staff and tertiary institutions, the Committee aimed to stimulate and support research, stage seminars and provide opportunities for discussion of research findings and their implications for practice. In November the Committee held its first public forum,

¹⁰⁷ Global Programme on AIDS, *Effects of sex education on young people's sexual behavior* (Geneva: WHO, 1993).

¹⁰⁸ D. Kirby et al., 'School-based programs to reduce sexual risk behaviors: a review of effectiveness', *Public Health Reports* 10 (1994): 339-60.

¹⁰⁹ At the time Dunne was involved in a major social research project which resulted in the publication of Michael Dunne et al., *1992 HIV risk and sexual behaviour survey in Australian secondary schools: final report* (Canberra: AGPS, 1993).

Getting started in sexuality research, and followed up with *Emergence of sexuality in childhood and adolescence* a year later. Both were well supported and positively evaluated by attendees.¹¹⁰

Although Davies had many successes, there were some areas she was unable to penetrate. Medical education was one of these. While she argued that the medical training program should be brought under the umbrella of Education Services, this was never a possibility as the Medical Director, with the support of the Council, adhered to the mantra that only doctors should be responsible for educating other doctors. Another area of ongoing frustration was the inferior status attached to Education Services. Despite having provided direction, encouraged innovation and professionalised most areas under her control, when Davies resigned, staff were still crowded into second-class accommodation and Education was still playing second-fiddle to Clinic Services.

Kelsey Powell Era, 1995-2001



**Figure 49: Education Director
Kelsey Powell**

Davies was succeeded by Kelsey Powell who became Education Director in January 1995. Powell would build on the foundations already laid by her predecessors and continue the development of FPAQ as a leader in education and training in sexual and reproductive health. Unlike Zafer and Davies who came from other backgrounds, Powell was an insider with 10 years' experience in various roles. As educator, publicity officer and nurse education coordinator she had developed good working relationships with staff across the whole organisation. She also had the support of

management, who valued her steady but energetic approach, her networking skills and her ability to rise to new challenges. When she took on the job, she had just completed an Education degree at the University of Queensland and was co-writing two sex education books with colleague Wendy Darvill.

Powell had the good fortune to be in office when funding became available for refurbishment of the 106 Alfred Street building. Queensland Health Minister Peter Beattie approved a one-off grant-in-aid in February 1996, just weeks before the Labor Party lost the Mundingburra by-election and the ability to control Parliament.¹¹¹ The incoming Coalition honored the commitment and the new office was

¹¹⁰ FPAQ, *Twenty-third annual report 1993-94*, 29.

¹¹¹ FPAQ, *Twenty-fifth annual report 1995-96*, 12.

launched in October by Beattie's replacement, Mike Horan. The new Government also committed an extra \$100,000 for sexual health education through the Women's Health Unit, a welcome injection at a time when the Association was struggling to cope with cuts in Commonwealth funding.¹¹² For the rest of Powell's tenure, Education Services' relationship with State Government departments continued to improve and FPAQ benefited substantially from increasing amounts of special project funding which were becoming available. Staff became adept at applying for large and small grants, which served to extend their skills, boost the workforce and broaden the Association's horizons.

Not only did this type of funding come to account for a substantial proportion of the education budget but the nature of the projects reflected changes that were taking place internationally under the leadership of IPPF and others. In 1992 the Federation developed a new strategic plan, which identified the promotion of sexual and reproductive health as one of six major goals for the movement.¹¹³ The strategic planning document formed the basis of recommendations which were made by the International Conference on Population and Development held in Cairo in 1994 and the Fourth World Conference on Women held in Beijing the following year.¹¹⁴ Stimulated by the resulting plans of action, the family planning paradigm broadened to encompass all aspects of *sexual and reproductive health and rights*.¹¹⁵ As a participant in both conferences and signatory to their outcomes, the Australian Government began implementing relevant policies and distributing funding to support them.

FPAQ benefited from a number of large grants which became available in this way. In response to the ICPD's emphasis on the health benefits and cost effectiveness of family planning for developing countries, the Federal Government increased its commitment to overseas aid and provided funding for Family Planning Australia Inc. to do likewise. The federation reviewed its piecemeal approach and developed a more sustainable program to assist countries in IPPF's East and South-East Asia and Oceania Region.¹¹⁶ FPAQ contributed by training educators from seven island nations and facilitating the development of nursing curricula.¹¹⁷ In 2000 it began running the South Pacific Reproductive

¹¹² FPAQ, *Twenty-sixth annual report 1996-97*, 4.

¹¹³ IPPF, *Vision 2000: strategic plan*.

¹¹⁴ Zhang and Locke, 'Interpreting reproductive rights': 44.

¹¹⁵ IPPF, *Vision 2000: Moving forward*, 5.

¹¹⁶ Sue Kelly, 'Our international program: mobilising the expertise and experience of the Australian Family Planning community', in *Annual Report 1998-9* (Canberra: FPA, 1999), 22.

¹¹⁷ FPAQ, *Twenty-ninth annual report 1999-2000*, 30.

Health and Family Planning Training Program, a significant step which would eventually lead to it being contracted to administer the whole of the federation's International Program.¹¹⁸



Figure 50: Participants in the African Women's Reproductive Health Program with Project Coordinator Jan Hannah-Munster and Sumathy Selvamanikam (FPAQ, AR 1998-99, 30)

Another initiative which grew out of an issue highlighted at the ICPD was the Multicultural Women's Health Education Project on Female Genital Mutilation.¹¹⁹ Begun in 1997, its aim was to prevent the practice of FGM by educating and improving the health of immigrants from countries where it was common. It also sought to develop protocols for health professionals and facilitate a national, coordinated approach to the issue.¹²⁰ Queensland Health invited FPAQ to run this program on the basis of its track record in managing projects and dealing with sensitive issues.

Queensland Health was also the conduit for national Hepatitis C, HIV/AIDS and Sexual Health Program funding, with which FPAQ ran an education project in correctional facilities. In recognition of the disproportionate prevalence of blood-borne viruses and sexually transmitted infections among prisoners, the Commonwealth Government was targeting this small but significant population in an attempt to minimise the risk of transmission and encourage behavioural change.¹²¹ As FPAQ had been running state-funded programs in Queensland prisons since 1996 and already had a good working

¹¹⁸ FPAQ, *Thirtieth annual report 2000-01*, 25.

¹¹⁹ IPPF, *Vision 2000: IPPF Charter*, 13, 39-40.

¹²⁰ FPAQ, *Twenty-ninth annual report 1999-2000*, 17.

¹²¹ Commonwealth Department of Health and Aged Care, *National Hepatitis C strategy, 1999-2000 to 2003-2004* (Canberra: The Department, 2000).

relationship with the Department of Correctional Services, it was a strong contender for the three-year contract, which it won in 2001.¹²²

Participation in clinical and social research paid dividends. The activities of the Research Advisory Committee added credibility to FPAQ and stimulated staff-generated projects, journal publications, conference presentations and internal surveys and evaluation of services.¹²³ The Committee's support for external projects was also beneficial.¹²⁴ FPAQ received a QUT Collaborative Research Grant of \$17,000 for a nursing project to evaluate its pregnancy counselling service¹²⁵ while a Health Promotion Council grant of \$56,000 enabled it to participate in a clinic-based doctoral study of the health and support needs of women who have been sexually-abused.¹²⁶ The thesis demonstrated that, as a relatively high proportion of FPAQ clients had experienced sexual abuse, it was important for staff working in such settings to provide patients with opportunities for disclosure and that community education was necessary as a preventive measure. Not only were the findings useful in a practical sense, but involvement in the project contributed to the Association's success in winning a Queensland Health tender to run the Cairns Sexual Assault Service, the state's first integrated medical, counselling and health promotion service in this field.¹²⁷

A snapshot of small-project grants demonstrates the breadth of the organisations from which FPAQ received funding and the versatility of Education staff. Federal and state government departments, pharmaceutical companies, and gaming-machine and casino community-benefit-funds paid for projects as varied as brochures, a sexuality education course for war veterans, a youth peer-education program, and a training workbook for distance education home tutors.¹²⁸ One of the last small grants received in this period was a Brisbane City Council Local History Grant for an oral history project, which resulted in transcripts of interviews with FPAQ founding members being published as *Family Planning Queensland: an oral history*.¹²⁹

¹²² FPAQ, *Twenty-fifth annual report 1995-96*, 11; FPAQ, *Thirtieth annual report 2000-01*, 10.

¹²³ For examples of the types of projects in which FPAQ was involved, see FPAQ, *Twenty-ninth annual report 1999-2000*, 32-3.

¹²⁴ FPAQ, *Twenty-fifth annual report 1995-96*, 22; FPAQ, *Twenty-seventh annual report 1997-98* (Fortitude Valley: FPAQ, 1998), 20.

¹²⁵ FPAQ, *Twenty-eighth annual report 1998-99* (Fortitude Valley: FPAQ, 1999), 10.

¹²⁶ Margot Legosz, 'The childhood and adult sexual abuse experiences of women who attend a family planning clinic', Queensland University of Technology, 2001; FPAQ, *Thirtieth annual report 2000-01*, 27-8.

¹²⁷ FPAQ, *Thirty-first annual report 2001-02*, 12.

¹²⁸ FPAQ, *Twenty-fifth annual report 1995-96*, 29-32; FPAQ, *Twenty-seventh annual report 1997-98*.

¹²⁹ FPAQ, *Thirty-first annual report 2001-02*, 10.

While many of these projects were challenging and broke new ground, FPAQ continued to offer services which had clear links with the past. By 2001, school-based programs had expanded to incorporate teacher training, resource development and classroom education in state, private and special schools. The focus of the schools program shifted from adolescents to primary school children who now comprised 75 percent of more than 40,000 students reached in the previous year. While FPAQ was still providing family and parent education, it was less of a priority than in earlier days. The scope of community education had broadened considerably and now incorporated courses and workshops for health, education and disability professionals who attended in record numbers.

Greater recognition of the rights of people with disabilities boosted demand for services and led to increased funding and a more skilled workforce. As FPAQ's reputation grew, the Departments of Education and Families, Youth and Community Care willingly outsourced services in this challenging and potentially controversial area. Under the leadership of educator Holly Brennan, the workforce grew from one part-time educator in 1996 to the equivalent of four and a half full-time positions in 2001.¹³⁰ The branches were invaluable in meeting the needs of people in rural and remote areas. They also provided training centres and bases from which FPAQ could extend its reach and build on partnerships with service providers such as the Royal Flying Doctor Service, Mobile Women's Health Service and the School of Distance Education.¹³¹

In the increasingly complex social, cultural and funding environment, collaboration with related agencies was more important than ever before. Most programs were developed in conjunction with reference groups or joint partners from government and non-government sectors. The Correctional Facilities Program involved collaboration with the Hepatitis C Council, Queensland AIDS Council and the Department. The Female Genital Mutilation Project was even more complex and involved liaison with groups as varied as the African Australian Association, Red Cross, Ethnic Communities Council of Queensland and members of the Islamic and Christian Arabic, Indonesian and Malaysian communities.¹³²

¹³⁰ FPAQ, *Twenty-fifth annual report 1995-96*, 39; FPAQ, *Twenty-sixth annual report 1996-97*, 32; FPAQ, *Thirtieth annual report 2000-01*, 15.

¹³¹ FPAQ, *Thirtieth annual report 2000-01*, 9-10.

¹³² FPAQ, *Twenty-ninth annual report 1999-2000*, 31, 17.

Collaborative ventures not only enhanced FPAQ's reputation and ability to serve its target groups but they often brought other benefits as well. The Schools team developed sourcebook modules on puberty and sexual identity for Education Queensland's *Health and Physical Education Syllabus*. Through this prestigious project, the Association strengthened its relationship with the Queensland School Curriculum Council, embedded sexuality education into the syllabus and provided an avenue for sales of teaching resources such as *High talk*, *Talking about it* and *Out with homophobia*.¹³³ Another spin-off from this project was an invitation from Queensland Health for FPAQ to develop the sexual health and sexual decision-making modules for the Communicable Diseases Unit website.¹³⁴

With professional training programs growing in popularity, FPAQ was considered a key player in the development and delivery of courses for doctors, nurses and teachers. Its value in this field was enhanced by its ability to reach professionals in regional and remote areas of the state. Ongoing funding cuts and the Commonwealth Government's Rural Health Policy led to a greater focus on the concept of 'train the trainer' at the expense of individual clinic services, not just by FPAQ but all members of the Australian federation.¹³⁵ A number of courses accredited by Queensland and interstate universities were offered in collaboration with other FPOs through flexible modes of delivery. The new nurse practitioner courses were popular and were often oversubscribed.¹³⁶ Priority was given to family planning nurses, all of whom were expected to upgrade to this level. When the Registered Nurse Pap Smear Provider training course was accredited by the Royal College of Nursing, FPAQ became one of only two agencies offering such a program.¹³⁷

As FPAQ expanded, so did information and resource services. The Library grew as it supported an increasing array of programs. Ongoing technological developments such as modems, internet access, email and an FPAQ website enhanced its ability to offer more efficient services while still operating on a shoestring. The same applied to the activities of the Publicity and Promotions Officer, the Desktop Publisher and the Publications Committee who, in collaboration with specialist staff, were producing an impressive assortment of educational and promotional resources.

¹³³ FPAQ, *Thirtieth annual report 2000-01*, 14. FPAQ, *Twenty-ninth annual report 1999-2000*, 31; FPAQ, *Thirtieth annual report 2000-01*, 14.

¹³⁴ FPAQ, *Twenty-ninth annual report 1999-2000*, 31.

¹³⁵ Therese Simpson, 'The provision of rural health services', in *Annual Report 1999-2000* (Canberra: FPA, 2000), 14-15.

¹³⁶ See Chapter 7.

¹³⁷ Queensland Health, Queensland registered nurse Pap smear providers, in FPAQ folder, Nursing, Box 6.

Although Education Services was thriving in 2001 and working to a budget of \$1.78 million, the organisation as a whole was in a much less healthy state. FPAQ was ailing and being scrutinised by management consultant Ashley Gill. Despite painting a bleak picture of an organisation in disarray and in need of urgent action, Gill identified Education Services as the only section with a forward-looking, enterprising culture. As evidence he cited a fee-for-service income of \$420,000 for the past year, an amount which he recognised was earned with limited financial resources, in an environment that did not actively encourage revenue generation.¹³⁸ He viewed it as the area with the greatest potential to generate additional revenue because, ‘in effect, Education owns the sex education market’.¹³⁹

Powell had built on foundations laid by Morris, Zafer and Davies, adding her own style and emphasis, maximising opportunities and making significant progress. Education Services’ ability to adapt its programs to meet changing social and community needs had resulted in rapid development and recognition as a key agency in the provision of up-to-date information in the area of sexual and reproductive health. Having started with a few training courses and ad hoc education sessions which were provided in response to community demand, it had become a forward-looking, dynamic operation offering a broad range of education, information, professional training, research and overseas services.¹⁴⁰ By 2001 partnerships with State Government departments had grown to a degree that would have been unimaginable in the confrontational and repressive environment of 1977. At that time it would also have been inconceivable that future projects would be built around topics such as female genital mutilation, homophobia, and safer sex for prisoners or that FPAQ would be a leader in nurse practitioner training.

To date there has been little formal acknowledgment of FPAQ’s role in any of these areas. Greg Logan and Milton Lewis mention it in their respective histories of sex education and sexually transmitted infections, but in no more than passing terms.¹⁴¹ This is surprising given FPAQ’s contribution since the mid-1970s. In an often hostile environment, the Association provided many tens of thousands of school children, parents, tertiary students, and people from marginalised groups with sex and relationships education. It trained hundreds of doctors, nurses, teachers and other professionals in Queensland and

¹³⁸ Ashley Gill, Special Consultant's Report commissioned by Family Planning Queensland, Brisbane: ITion, 2001, 32.

¹³⁹ *ibid.*

¹⁴⁰ FPAQ, *Thirtieth annual report 2000-01*, 10.

¹⁴¹ Lewis, *Thorns on the rose*; Logan, *Sex education in Queensland*.

the South Pacific, who in turn passed their expertise on to others or used it in professional practice. Through its publications program FPAQ also extended its reach in professional and community circles.

As with all other divisions, Education Services was shaped by the family planning movement under the leadership of IPPF and the national federation, and by the actions of the Federal Government. IPPF played an active part in broadening the paradigm of sexual and reproductive health and putting education and health promotion at centre stage. Such changes dovetailed with changing approaches to public health which were formalised in international agreements and adopted by the Australian Government. With the national federation mediating between IPPF, the government and the individual FPOs, such an arrangement encouraged members to adopt the desired national and international policies. The Federal Government also affected the background against which services were provided. The government's 'new public health' approach to stemming the spread of HIV/AIDS added legitimacy to Education Services' activities and encouraged partnerships which strengthened its position. FPAQ was advantaged by the increasing amounts of health promotion funding being made available nationally. Although the State Government remained the section's major source of income, education staff became adept at winning sizeable grants which originated in national policies.

While it is clear that in the broader context, the national and international federations and the Federal Government all contributed to the welfare, shape and style of Education Services, more immediately apparent to those working on the ground was the influence of local forces. For FPAQ programs to succeed they had to be relevant to and appropriate for specific audiences, satisfy the needs of communities throughout the state, and be delivered in regional contexts. Importantly, they also needed to gain the support of local institutions, including the media. Controversies had to be dealt with in ways which suited the communities within which they arose and attitudinal change encouraged through appropriate means.

Given that the Queensland political environment acted as 'a store of resources as well as a source of opportunities and constraints, demands and threats', it could not be ignored.¹⁴² Always in receipt of some state government funding for education, FPAQ found ways to work within and take advantage of the repressiveness of the Bjelke Peterson era and then to flourish under the more favourable regimes which followed. Over time it developed close working relationships with government departments,

¹⁴² Scott and Davis, *Organizations and organizing*, 19-20.

most notably Health, Education, Justice and variously named entities responsible for disability services. Not only did such partnerships reinforce the legitimacy of the Association and bring practical and financial benefits but they also strengthened its advocacy role, through which it sought to improve the lives of the state's most marginalised and disadvantaged groups.

As with every other service division, individuals at all levels had an impact. Working enthusiastically but on minimal budgets the heads of Education Services led and inspired staff, always giving them enough leeway to extend themselves and the organisation. The fact that the governance team continued to direct most attention and resources towards clinic services, in some ways worked to the advantage of the 'poor cousins' in Education. In being challenged to be more resourceful and explore alternative means of funding, they created opportunities to extend resources and services in new and innovative ways. Similarly, in the branches, educators found ways to make distinctive contributions. Although distance and isolation were often cited as a disadvantage, ironically, they also offered regional staff greater autonomy than would otherwise have been possible and allowed them to put their own stamp on local activities.

Education Services also took responsibility for publicity and promotion activities which scaffolded all sections of FPAQ. Although for the most part these were carried out by one part-time member of staff at very little cost to the organisation, their impact was such that Publicity and Promotion Services is analysed separately in the following chapter.

Chapter Nine:

Getting the message across 1977-2001

At a minimum, people need to feel both aggrieved about some aspect of their lives and optimistic that, acting collectively, they can redress the problem...Conditioning the presence or absence of these perceptions is that complex of social psychological dynamics – collective attribution, social construction – that [researchers] have referred to as ‘framing processes’¹

‘No sex please: we’re bushies’ was published in response to a press release, 16 years after FPAQ began. The bull in the picture is one of a number of life-size statues which stand in the streets of Rockhampton, paying tribute to the Central Queensland cattle industry. When the statues were first erected, they were periodically castrated by vandals. The point of the article was to draw attention to the widespread community outrage such action generated and use it to highlight FPAQ’s efforts to change attitudes to human sexuality and stimulate interest in sex education. It was just one of around 160 items about the Association published in the print media in 1987, many reflecting contemporary lifestyles and attitudes of Queenslanders.



Figure 51: Local references and humour added interest to FPAQ stories (Sunday Sun, 8 Feb 1987)

From its earliest days, FPAQ maintained a vigorous publicity and promotion program which had three main purposes. The first was advocacy and lobbying.² In order to get started, then to survive and thrive, it had to get its message across to the community and those with influence. It needed to convince them it was worthy of support, persuade governments to fund it, and stimulate legal and social change to

¹ McAdam, McCarthy, and Zald, 'Introduction', 5.

² *Advocacy* occurs when an authority or agency in a position of influence represents the interests of an individual, group or community in relation to specific issues, in order to change or improve their situation. Advocacy activities centre on issues that need to be addressed, rather than the individual or group which raises the issue. *Lobbying* is the process or activities involved in advocating on behalf of a group or an issue. The term usually describes advocacy to parliamentarians or media sources. Talbot and Verrinder, *Promoting health*, 92-3.

enable it to operate effectively. Its second purpose was social marketing.³ As an emerging organisation FPAQ had to persuade people to use its services. To achieve this it needed to influence attitudes, educate potential users, let them know the service existed, motivate them to use it and stimulate behavioural change. A third function of publicity and promotion was to project an 'organisational identity' through the use of symbols, words and actions which encompassed the Association's commitment to 'central, enduring and distinctive' values.⁴ Social movement theorists refer to all of the above as 'framing processes' and emphasise their importance not only in the emergent phase of social movements and associated organisations but throughout their lifespans.⁵

Accounts in annual reports suggest that FPAQ was among the most enthusiastic and effective of the FPOs in promoting itself and what it had to offer. This is confirmed by Siedlecky and Wyndham who describe the breadth and innovative nature of the Association's publicity materials, adding that, 'FPA/Q has shown that the message does not need to be dull'.⁶

This chapter examines the development of Publicity and Promotion Services from 1977 to 2001. It considers the motivating influences, the framing processes that were employed, the social and political environment in which FPAQ operated, input from the broader family planning movement, the people who were responsible and the impact of their work. While structured around the three decades under consideration, the main focus is on the contribution of individuals.

The Seventies

In the immediate post-establishment phase, Marjorie Millburn and June Morris modified and extended their already established repertoire. Annual reports and newspaper cuttings indicate that year after year they showcased the Association to high profile community leaders and attracted media attention by celebrating birthdays and launches of new resources, services and buildings. They urged staff around the state to promote themselves to their local communities through displays, free film nights and

³ *Social marketing* is defined as 'the design and implementation of programs aimed at increasing the voluntary acceptance of social ideas or practice', Garry Egger et al., *Health promotion strategies and methods* (Sydney: McGraw-Hill, 1999), 89. The authors note that social marketing aims to influence people's values, attitudes and behaviour by encouraging them to make healthy choices and that to be successful the activities being promoted must be do-able, accessible and affordable.

⁴ Scott, *Institutions and organizations*, 116.

⁵ McAdam, McCarthy, and Zald, 'Introduction', 5, 16-17.

⁶ Siedlecky and Wyndham, *Populate and perish*, 195.

regional media outlets. In what was considered an innovative move, in 1977 it entered into a contract with the Brisbane City Council to display family planning posters in its buses.⁷



Figure 52: *Love carefully* was the first FPAQ poster to appear in Brisbane City Council buses

The Australian Federation of Family Planning Associations encouraged such activities as a means of stimulating interest in family planning and drawing attention to the need for legal and social change. In line with guidelines from the International Planned Parenthood Federation, it stipulated that all members provide a summary of ‘Information, Education and Communication’ activities for publication in annual reports. Once Wendy McCarthy became Executive Officer, AFFPA became a source of informed comment for the media and began offering the FPOs substantial practical assistance. It provided professional development opportunities to help staff improve their interactions with the media, encouraged sharing of concepts and resources and devised campaigns on which all could draw. It established National Family Planning Day, which for many years was marked in November as a means of maximising exposure of the FPOs and specific areas of concern. AFFPA also helped members celebrate and take advantage of milestones such as the 50th anniversary of the establishment of family planning services in Australia and the centenary of Margaret Sanger’s birth.⁸

The first National Family Planning Day campaign was launched in 1978 as a lead-in to International Year of the Child. *Every child a wanted child* aimed to promote awareness of the role of family planning in children’s health and well-being.⁹ It focused attention on parent-education programs and the promotion of ‘positive attitudes towards the family, wanted children and responsible parenthood’.¹⁰ FPAQ supplemented the AFFPA resources with some of its own. It ran a design competition at the

⁷ FPAQ, Minutes of Executive Committee Meeting, 9 May 1977.

⁸ Fiftieth Anniversary background material, in FPAQ folder, History of Family Planning in Australia, Box 4; Muriel Wilson, Report of AFFPA Executive Meeting, 11 June 1979.

⁹ AFFPA, *Annual report 1978-79* (Sydney: AFFPA, 1979), 6.

¹⁰ FPAQ, Minutes of Council Meeting, 29 June 1978; AFFPA, *Annual report 1977-78* (Sydney: AFFPA, 1978), 56.

Queensland College of Art which resulted in the poster *Kids need to be needed*. With a small amount of prize money being split between the winner and the runner up, this was an inexpensive way for the Association to gain fresh ideas while showcasing the work of emerging artists.¹¹ Printing costs were covered by the drug companies which also contributed to the production of an educational slide show, stickers, coasters, matches-books and ballpoint pens. All were widely distributed.¹²



Figure 53: Concepts were shared by FPAs around the world. *Every child a wanted child* was produced by a forerunner of the Planned Parenthood Federation of America in 1938 (PPFA, 75 Years of family planning in America, 13)

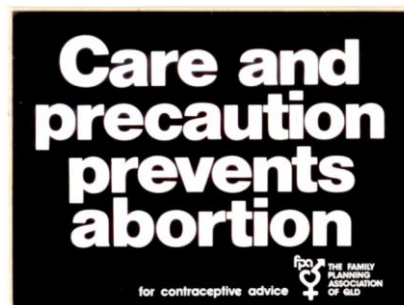


Figure 54: FPAQ sought to promote its role in preventing abortion

FPAQ was at pains to portray itself as having the potential to reduce the numbers of women seeking abortion.¹³ Having consistently taken this approach as a means of differentiating itself from pro-abortion groups, by the end of the 1970s it was frustrated that the media was not promoting this aspect of its work.¹⁴

¹¹ FPAQ, *Eighth annual report 1978-79*, 13.

¹² The Chairman acknowledged Ethnor, Searles, Schering, Syntex and Wyeth for financial assistance, *ibid*.

¹³ FPAQ, Minutes of Council Meeting, 29 June 1978; FPAQ, *Seventh annual report 1977-78*, 56.

¹⁴ FPAQ, *Eighth annual report 1978-79*, 2. See also McAdam, McCarthy and Zald, 'Introduction', 14, re. *radical flank effects*, the term used to describe the impact of 'extremist' groups on other more 'moderate' organisations in the same field. The presence of extremists may encourage support for the moderates as a way of undercutting the influence of radicals.

Neglect of the Association's role in preventing abortion may, in part, be explained by the dramatic events which were attracting media attention at this time. In September 1977, Premier Bjelke-Petersen had provocatively declared: 'The day of the political street march is over. Anyone who holds a street march, spontaneously or otherwise, will know they are acting illegally...don't bother applying for a march permit. You won't get one. That's government policy now'.¹⁵ Over the next two years, the ban precipitated a sustained 'right to march' movement, which resulted in hundreds of illegal demonstrations and more than 2,000 people being arrested.¹⁶ While FPAQ maintained its stance of not participating in public protests, women's groups such as Children by Choice, Union of Australian Women, WEL and Women's Liberation were making headlines as they marched to highlight issues as wide-ranging as abortion, equal employment, sex education, civil liberties, and uranium mining.¹⁷ On more than one occasion, International Women's Day marches were violently intercepted by police who branded the demonstrators communists or professional agitators as a way of denigrating them. The Association kept a low profile, even in 1980, when thousands of ordinary Queenslanders protested at government attempts to introduce a Pregnancy Termination Control Bill. This would have severely limited women's right to procure an abortion, increased the penalties for anyone associated with advising or performing one, and put immense pressure on referring doctors, including those at FPAQ.¹⁸

The Eighties

December 1980 marked the beginning of a major expansion in FPAQ's publicity and promotion activities and a change in its attitude to controversy. By this time, not only was the Association providing clinic and education services at its headquarters and six branches, but it was also running education services from Mt Isa and Toowoomba. With both Millburn and Morris being overstretched in their management roles, Helen Draper was appointed part-time Publicity/Education Officer to relieve the pressure on them and get the family planning message across more effectively.

Draper was no stranger to FPAQ, having been on the Council since 1973. As a representative of the Childbirth Education Association she had visited the clinic soon after it opened and was subsequently

¹⁵ Quoted in Fitzgerald, *From 1915 to the early 1980's*, 572.

¹⁶ *ibid.*

¹⁷ Young, *Daring to take a stand*, 105.

¹⁸ Fryer Library, UQ Library, Holmes and Irwin, *History of Children by Choice*, 47.

invited by Millburn to stand for election. She was typical of women of her generation who were required to resign from their jobs when they married. Not satisfied with simply being a wife and mother, she joined CEA and inadvertently found an outlet for her latent talents. She edited the newsletter, organised and promoted courses and book launches, and in general taught herself how to be a publicity officer. By the time she began her new role at FPAQ, she had established a network of media contacts and a reputation for being ‘good talent’, someone who was lively, articulate and able to get her message across clearly and concisely.¹⁹ Within a short time, Draper was being credited with achieving greater exposure of family planning issues, public understanding of the organisation and its work and publicity for its courses and film evenings.²⁰

For the next eight years, at very little cost, Draper kept the Association in the public eye through incessant and clever use of the media. Two large scrapbooks of newspaper cuttings show that between 1984 and 1988, FPAQ featured in an average of 145 newspaper or magazine articles each year. Media exposure peaked in 1987, when 160 items appeared in 40 different national, state and local publications. Draper also used metropolitan and regional radio and television to great effect, taking advantage of personal contacts, talkback radio and free access to community notice-boards to educate and inform the public and advertise services. Her contacts included a number of journalists and media personalities on whom she could count for regular publicity. One of these was Lesley Daniel, who had been an educator at the Townsville branch before moving to Brisbane to host a morning talkback program on ABC Radio. She often invited Draper to comment on sexuality and family planning issues, as did Cheryl Kernot who, at the time, was the producer of a popular night-time relationships program on the same station.²¹

Branch staff spread the word in the regions. On the conservative Darling Downs, Toowoomba educator Lea Shaw recalled having a regular spot on a talkback program hosted by Ivor Hancock:

He invited me in to talk about family planning and sexuality. Well this had a huge impact! It was at about 11.30 in the morning and I used to get feedback from the Jaycees in the regional areas that they all tuned in from their air conditioned cabins on their tractors. They loved it! In the beginning we’d get our friends to ring in. I’d get David [husband] to ring in to get a male perspective. He’d be in his

¹⁹ Bannah, ed., *Family Planning Queensland*, 107.

²⁰ FPAQ, *Tenth annual report 1980-81*, 17.

²¹ Bannah, ed., *Family Planning Queensland*, 108.

Toowoomba City Council car and he'd stop on the side of the road at a phone box – 'I'm wanting to have a vasectomy. Can you tell me about it? Will I still be able to have sex?' – questions like that. It was a regular slot – it tapered off when Ivor left. He was great. He even used to play appropriate music for it, like Loretta Lynn's *Another one on the way*.²²



Figure 55: Staff often featured in promotional stories: FPAQ mothers and babies 'Practising what we preach: *Every child a wanted child*', 1981. Clockwise from front left: Dr Carol Cox, Angela Kearnan, Merran Smetana, Carole Baker, Dr Wendy Parker, Jennifer McDonald, Dr Sally-Jane Clark (FPAQ, AR 1980-81, 16)

In many respects, Draper continued already established routines and often featured staff in promotional stories. She publicised ordinary and extraordinary activities which ranged from upcoming classes to Dr Pam Chick's involvement in the launch of Australia's first medical telecast via the AUSSAT satellite.²³ Staff members commented in the media on their areas of expertise. Chick was widely reported in relation to contraceptive developments and controversies,²⁴ and medico-legal issues such as the age of consent²⁵ and prescribing the pill for girls under 16.²⁶ June Morris made regular appearances and as

²² Lea Shaw, interview by author, Kelvin Grove, 23 April 2008.

²³ 'World first as doctor lectures by satellite', *Courier-Mail*, 4 March 1986; Marilyn Bitomsky, 'Qld's FMP Satellite launch', *Australian Dr*, April 1986.

²⁴ For example, Susan Hocking, 'Pill scare means a baby boom in Britain', *Sunday Mail*, 5 February 1984; Judy Jackson, 'Pill hailed as great new cure-all', *Sunday Sun*, 27 May 1984; 'The pill's in style: safer than having a baby', *Daily Sun*, 30 April 1985; 'Contraceptive given without consent: doctor', *Courier-Mail*, 6 August 1987.

²⁵ 'The age of consent' (Editorial), *The Australian*, 15 July 1987.

²⁶ Drena Parrington, 'Should girls under 16 take the pill?' *Daily Sun*, 15 September 1985; Heather Grant, 'Doctors welcome legal guidance over Pill', *Daily Sun*, 16 April 1986.

staff engaged more effectively with people with disabilities, items relating to this group also began to appear and the Association's advocacy role was highlighted.²⁷



Figure 56: AUSSAT telecast launch 1986. Dr Pamela Chick (front left) with Drs Mary Mahoney, Frank Fry and Peter Adkins (FPAQ, AR 1985-86, 9)

In quiet times, Draper plied journalists with humorous press releases, enticing them to write short fillers which often reflected the social and political environment of Queensland. One such piece in 1983 noted the irony of the Education Department's refusal to allow sex education in schools while at the same time permitting the Hare Krishnas to teach their philosophies in religious education classes. The punch-line from Draper was: 'Does this mean we do have sects education in schools?'²⁸ In February 1985, when the state was in the midst of blackouts triggered by government confrontation with the Electrical Trade Workers' Union, a number of papers responded to a Valentine's Day item which provided light relief in otherwise gloomy times. The press release highlighted the prospect of a baby boom nine months later and included a reminder that, as sperm know where to go in the dark, couples should act responsibly after candle-lit dinners if they wished to avoid unwanted pregnancy.²⁹

Anniversaries and building launches provided FPAQ with regular opportunities to associate itself with high profile personalities, celebrate achievements and reiterate how far it had come since 1971. Such

²⁷ 'Sex lessons for the forgotten', *Telegraph*, 3 May 1984; Marion Smith, 'FPA plans to ease sex problems of the disabled', *Sunday Mail*, 14 June 1987.

²⁸ Des Partridge, 'Day by day', *Courier-Mail*, 28 April, 1984.

²⁹ 'Blackout baby boom tipped', *Sunday Mail*, 17 February 1985; Hugh Lunn, *Australian*, 15 February 1985; Mike O'Connor, *Telegraph*, 18 February 1985; 'Power crisis', *Daily Sun*, 14 February 1985.

events enabled it to project an image of a pioneering, yet sophisticated organisation, pursuing a worthwhile cause and providing valuable community services.



Figure 57: Celebrating FPAQ's 12th birthday, Lady Mayoress Pearl Harvey and Marjorie Millburn (*Suburban Expr.* 11 Apr 1984)

This type of publicity reached a high point, albeit with an unpredictable twist, in July 1986 when Prime Minister's wife Hazel Hawke officially launched FPAQ's new headquarters.³⁰ The organisers watched in dismay as this carefully orchestrated event was hijacked by a small but vocal group of Right to Life supporters who were protesting against the Federal Government's policy of funding abortions through Medicare. Having previously avoided antagonising pro-life groups, Millburn described this as one of the greatest disappointments of her career:

Of all the functions we'd had, we had never had such enormous publicity. All the TV stations were there, lots of reporters - in fact the guests were pushed aside...In all the reports that came out, not one word was said about the building - not one! All that Mrs. Hawke was asked about in her interviews was abortion. One would have thought that we'd been opening an abortion clinic. It was very sad to me, because all the credit for what Family Planning had achieved was overlooked. The publicity we got was not for the reasons we wanted it.³¹

Despite the apparent setback, the following year's annual report declared the launch a huge success. Although the media did not focus on the building, in reporting Hawke's speech it drew attention to the issues that FPAQ had been anxious to highlight. She portrayed the organisation as a significant player

³⁰ 'Warehouse rebuilt for Family Planning', published in *Westside News*, *Northside Advertiser*, *North West News*, and *North Side Chronicle*, October 1985; 'Warehouse conversion', *Southside News*, 15 October 1985; 'New home for Family Planning', *Courier-Mail*, 14 September 1985; 'Family Planning in new centre', *Suburban Express*, 10 September 1985.

³¹ Bannah, ed., *Family Planning Queensland*, 37.

in the prevention of ill-health in general, and abortion in particular, pointing out that while abortion creates distress and tragedy, here was ‘a civilised and healthy clinic’ where everything was done ‘with very good motivation’. She also highlighted FPAQ’s role in encouraging male responsibility in family planning, responsible parenthood and sex education in schools.³² Such extensive coverage topped off an exceptional year in terms of public exposure and media cooperation. FPAQ now considered that it was ‘the centre of reference for information on all matters relating to Family Planning.’³³



Figure 58: Hazel Hawke, Marjorie Millburn, June Morris and pro-life protesters at the Alfred St launch (*Daily Sun*, 8 July 1986)

Also attracting attention were book launches and associated events, many of which were staged in tandem with the other FPOs. The first was held in 1980, International Year of the Disabled, when American author Winifred Kempton was the guest at a series of state-based forums organised by AFFPA and funded by the Commonwealth Government.³⁴ In 1983, Draper organised for popular women’s health author Dr Derek Llewellyn-Jones to jointly launch the revamped library and a new book, *Teaching about sex*, which was edited by Wendy McCarthy and included a chapter by June

³² Jane Johnston, ‘Hazel Hawke backs family planning: it fills a gap in Queensland’, *Gold Coast Bulletin*, July 1986; ‘Planned families win Hazel’s vote’, *Daily Sun*, 6 July 1986; Kris Houghton, ‘Hazel’s a hit with family planners’, *Australian*, 7 July 1986; ‘Anti-abortion protest misguided: Mrs Hawke’, *Courier-Mail*, 8 July 1986; ‘Hazel hits misguided protesting’, *Northside Advertiser*, 10 July 1986; FPAQ, *Fifteenth annual report 1985-86*, 4-5. See also FPAQ folder, Opening of 100 Alfred Street, in Box 5.

³³ *ibid.*, 14.

³⁴ FPAQ, *Tenth annual report 1980-81*, 20.

Morris.³⁵ Llewellyn-Jones was an experienced, obliging media performer. Draper recalled picking him up at the airport, taking him around to no less than 14 pre-arranged television, radio and press interviews and putting him back on the plane at the end of the day, full of admiration for his professionalism and generosity.³⁶ Two years later, FPAQ rode on the back of an FPA/WA initiative when it hosted a series of events involving Warren Farrell, American author of *The liberated man*. Farrell's visit was widely reported, his public lecture was attended by over 400 people, his workshops were oversubscribed and FPAQ's wisdom in pursuing men's health issues was confirmed.³⁷

While appreciating the assistance that AFFPA provided with publicity and promotion activities, the Council was less than impressed when it proposed a change in corporate identity. Concerned that use of the term 'family planning' in its title was considered by many to be archaic and irrelevant, in 1983 the Federal Council initiated what it believed was a collaborative process to arrive at a more meaningful and contemporary image. FPAQ refused to participate. When it received Bryce Design's proposal for a new name and logo *Sexcare*, the Council resoundingly rejected both and took the opportunity to vent its spleen regarding state autonomy and the perceived attempt by the Federation to merge the identities of all members under the one umbrella.³⁸ While a change of corporate identity did not occur at this time, the issue did not go away and would emerge periodically over the next two decades.



Figure 59: Early logos used by FPAQ and the divisive *Sexcare* proposal

³⁵ McCarthy, ed., *Teaching about sex*. See also FPAQ folder, Teaching About Sex launch and Opening of Library, Box 5.

³⁶ Bannah, ed., *Family Planning Queensland*, 107. At least 19 articles appeared in Queensland newspapers, including: Sandra McLean, 'Birds and bees hard lesson to teach', *Sunday Sun*, 6 November 1983; Sally Loane, 'Qld children seeking sex education', *Courier-Mail*, 3 November 1983; 'Teach sex in school – Prof', *Telegraph*, 2 November 1983; 'Teaching sex painlessly', *Sunday Mail*, 6 November 1983; 'Teenagers miss out on sex education', *Queensland Country Life*, 1 September 1983; 'Parents responsible for sex education', *Queensland Country Life*, 10 November 1983; 'Tricky queries answered', *Townsville Daily Bulletin*, 28 September 1983; 'Teaching about sex', *Cleo*, October 1983; 'At last! All you need to know about teaching sex', *Queensland Teachers Journal*, 26 October 1983; 'Teaching sex the sensitive way', *Morning Bulletin* (Rockhampton) 15 December 1985; 'New sex education book available', *Cairns Post*, 21 November 1983.

³⁷ FPAQ, *Fourteenth annual report 1984-85*, 18.

³⁸ Bryce Design Consultants, Australian Federation of Family Planning Associations: corporate identity proposal, final concepts, 1984; Letter from Millburn to Cannan and Petersen and reply, 10 April 1984; Memo from FPAQ Chairman Alan Blackshaw to AFFPA Council Delegates and State Executive Officers, 26 April, 1984; Memo from Blackshaw to AFFPA Chairman and Council Members, 22 May 1984; Letter from AFFPA Chairman Derek Llewellyn Jones to Blackshaw, 10 July 1984. All references in FPAQ folder, Corporate Identity, Box 4. FPA/SA submitted the concept to a research survey which found young people rejected it. They referred to it using terms such as 'salacious', 'pornographic', 'one night stand' and 'like a venereal disease clinic', John Porter, Family Planning: a South Australian perspective, in FPAQ folder, History of Family Planning in Australia, Box 4.

Media campaigns

While Draper maximised media coverage from already established routines, she soon began to transform FPAQ's image and its impact on the public. An important influence was a media course she did at the Queensland Institute of Technology in 1983. Run by journalism lecturer Val French, it aimed to teach people involved in the community sector how to become effective publicity officers. Having gained practical experience in television and radio production and extended her media network, Draper soon began supplementing piecemeal publicity with orchestrated campaigns. These would gradually permeate all aspects of FPAQ's work.

Nine methods of birth control 1983-84

In 1983, FPAQ unwittingly became involved in controversy when it launched a 60 second television commercial which Draper had made at QIT. Based on a poster from FPA/UK, *Nine methods of birth control* consisted of still images with a voice-over describing available ways of controlling fertility. In a light-hearted attempt to depict the concept of abstinence, Draper included a naive illustration of Napoleon telling his legendary lover, 'Not tonight Josephine'.



Figure 60: *Nine methods of birth control* and the offending depiction of abstinence (Daily Sun, 26 Jan 1984)

FPAQ was stunned when the Federation of Australian Commercial Television Stations deemed the image unsuitable for viewing by unsupervised children and gave the advertisement a Parental Guidance Recommended classification.³⁹ The Catholic Family Welfare Bureau agreed with the decision and criticised FPAQ for poking fun at abstinence, a method it said was taken seriously by many.⁴⁰

³⁹ Bannah, ed., *Family Planning Queensland*, 110.

⁴⁰ Sue McKenna, 'Not tonight, TV bosses say to advert', *Daily Sun*, 26 January 1984, 1-2

Draper vigorously defended the approach, arguing that, with Queensland having one of the highest rates of illegitimacy in Australia, its aim had been to prevent this situation continuing. FPAQ had deliberately planned to run the commercial during school holidays at times when young people *would* be watching. Draper decried the hypocrisy of a system which restricted screening of this well-meaning commercial, while at the same time allowing children to watch soapies that showed ‘people hopping in and out of bed...without any mention of birth control’ and advertisements that used scantily clad women in provocative poses to sell products such as cars.⁴¹ While FPAQ had little choice but to remove the offending image, the experience and resulting publicity prompted it to reassess the overly-cautious approach it had been taking.

Open with caution and Play safe 1984-85

FPAQ’s brush with controversy held it in good stead the following summer when it launched a new poster as a lead-in to International Year for Youth. Designed by students from the Queensland College of Art, the poster featured a close-up photograph of a man’s zipped-up fly under the slogan, *Open with caution*.



Figure 61: Students Susan Stone and Angela Cole with the winning *Open with Caution* poster which was later converted to a greeting card (right)

⁴¹ Ibid.; Damien Murphy, ‘Napoleon forced to bow to TV censors’, *Sydney Morning Herald*, 27 January 1984.

The launch created an immediate storm. Welfare Services Minister Geoff Muntz condemned it, claiming it was too blatant, would encourage permissiveness and was potentially harmful to 'Queensland youngsters' who would be exposed to it on BCC buses. He censured FPAQ for not taking a more subtle approach.⁴² Draper replied that subtle methods used in the past had failed and the aim now was to shock people into recognising that unplanned pregnancy was preventable and was not just a woman's problem but one for which men should also take responsibility. She finished by declaring that as far as the Association was concerned, the more flack it received on this issue the better.⁴³



Figure 62: Responses to *Open with caution* were many and varied

The response was overwhelming. The poster became a news item on radio and television and at least 16 newspapers around Australia ran stories on it.⁴⁴ The majority of responses were supportive and painted FPAQ in a positive light. Children by Choice, journalists and many others endorsed the

⁴² Lane Calcutt, 'Too blatant says Muntz', *Telegraph*, 17 December 1984.

⁴³ Nicole Jeffery, 'Family Planning poster aims to shock', *Courier-Mail*, 18 December 1984.

⁴⁴ Items included feature articles, editorials, letters to the editor and news snippets in papers including *Albert and Logan News*; *Cairns Post*; *Cairns Week*, *Courier-Mail*, 18 & 27 December 1984; *Daily Sun*, *Hobart Mercury*, *Age* (Melbourne), *Morning Bulletin* (Rockhampton), *South East Advertiser*, *Sunday Mail*, *Sydney Daily Mirror*, *Sydney Morning Herald*, *Telegraph*, 17 December 1984; *Australian*, 18 December 1984; *Toowoomba Chronicle*, *Townsville Bulletin*, [December 1984].

poster's message and FPAQ's call for sex education in schools and at the same time criticised the government for its negligence on these issues. Responses from critics were varied. One reader from Wishart suggested that the poster was advocating sex outside marriage and as such was obscene, offensive and immoral. His view was that, as this type of sex 'defiled the marriage-bed', the caption should be changed from 'Open with caution' to 'Don't open until marriage'.⁴⁵ 'Part-time preacher' of Keperra proposed that FPAQ design a poster advocating religion and 'mind over matter' as ways of curbing sexual activity among un-marrieds' and preventing 'more unwanted children arriving in this morally arid world'.⁴⁶ In Toowoomba a *Chronicle* editorial claimed that the poster would promote sexual intercourse as an enjoyable form of recreation and further, that it might serve to 'enveigle' [sic] young people into 'taking a chance'.⁴⁷ *Open with caution* featured in IPPF's newsletter *Open File*, was requested by interstate and overseas organisations, and for many years was mentioned in the Queensland press as an example of FPAQ's innovative approach.

FPAQ continued its IYY activities with the *Play safe* campaign which was built around sponsorship of a junior baseball club. Through the modest gesture of supplying T-shirts and trophies, the campaign launch gained local and international coverage⁴⁸ and was later cited by Johns Hopkins University as a successful model of collaboration between a community organisation and the media.⁴⁹ As an added bonus, it became the focus of a QIT teaching video which aimed at encouraging journalism students to look for stories within their own communities.⁵⁰

At the same time as the media was promoting FPAQ as a wholesome, progressive organisation, it was reflecting growing criticism of the head-in-the-sand attitude of Premier Joh Bjelke-Petersen and his followers on sexuality-related issues.⁵¹ This reached a peak in July 1985, following government-condoned police raids on fertility clinics in Brisbane and Townsville. The raids were carried out in full

⁴⁵ W. Kilpatrick, 'Don't open before marriage', *Courier-Mail*, 20 December 1984; 'Pregnancies just a symptom', *Courier-Mail*, 20 & 28 December 1984.

⁴⁶ Peter Oliver, 'Why marriage was instituted', *Courier-Mail*, 31 December 1985.

⁴⁷ 'Unwed mothers', (Editorial), *Chronicle* (Toowoomba), 26 December 1984.

⁴⁸ 'Play safe', *People*, v12/3, 1985; 'Team gets home safe', *Sunday Sun*, 10 February 1985; 'They play it safer', *Albert and Logan News*, 13 February 1985; 'Playing it safe', *Southern Star*, February 1985; 'Queensland schoolgirls "play safe,"' *IPPF Open File* 1 March 1985; 'Australian schoolgirls "play safe,"' *Population Headliners*, May 1985.

⁴⁹ *Working with the Media*, 18 December 1986; 'Play Safe goes around the world', *Courier-Mail*, 17 January 1987; 'Sex slogan wins praise', *Daily Sun*, 9 January 1987.

⁵⁰ Val French, *How the FPA and the media interact: publicity story for the Association: interview Val French with Helen Draper, Publicity Officer* (Brisbane: Queensland Institute of Technology, Education and Research, 1985).

⁵¹ 'Muntz: limit pill for girls', *Townsville Daily Bulletin*, 4 January 1985; 'Moral outrage may be missing the point', (Editorial) and 'Girls need more than pill: Bishop', *Rockhampton Morning Bulletin*, 5 January 1985; Drena Parrington, 'Should under 16 girls take the pill?' *Sunday Mail*, 20 January 1985.

media spotlight, during the day, when the clinics were operating. Blanket coverage showed distressed clients fleeing, two doctors being arrested and files containing 47,000 patient records being removed from the clinics. A front page report in the *Courier-Mail* headlined the fact that a foetus had been seized in the raids while a *National Times* feature a few days later included a ghoulish photo of police searching for evidence in drains outside the Townsville clinic.⁵² After charges against the clinics were rejected, the media also covered the return of client records.⁵³

Men too 1985-86

Inspiration for *Men too* came from a campaign of the same name being run by FPA/UK when Draper visited in 1984. It used sporting personalities to encourage males to get involved in family planning, a successful approach which led to a 13 percent increase in the number of men accessing clinics.⁵⁴ Hoping to replicate this result, FPAQ borrowed the title and concepts, and dedicated 1986 to the promotion of greater male responsibility in relationships. In addition to its primary aim of preventing unwanted pregnancies, the new campaign sought to break down the macho culture and promote the idea that masculinity and caring could go together.⁵⁵

Men too was an ambitious campaign which was realised in partnership with condom manufacturer Ansell. While FPAQ had previously received support from pharmaceutical companies, this represented a more entrepreneurial approach to sponsorship. As well as staging the main campaign launch, Ansell provided a second promotion for FPAQ staff and other health care workers, distributed family planning brochures to 1,500 pharmacies, ran workshops for teachers and youth workers, and contributed to the production of a new educational leaflet and video, both aimed at men.⁵⁶

In an inspired move, Draper invited footballer Wally Lewis to launch the campaign on Family Planning Day 1985. Not only was Lewis captain of the Australian Rugby League team, but he was also a local hero for his role in fierce State of Origin battles between Queensland and New South Wales. ‘King Wally’ or ‘the Emperor of Lang Park’, as he was commonly known, sparked intense media interest when he unveiled a new poster for use in Brisbane City Council buses.

⁵² ‘Police seize 47,000 files’, *Courier-Mail*, 21 May 1985; ‘Abortion raids a grisly circus for the TV cameras’, *National Times*, 24 May 1985.

⁵³ Fryer Library, UQ Library, Holmes and Irwin, *History of Children by Choice*, 25; Wear, *Johannes Bjelke-Petersen*, 113-14.

⁵⁴ IPPF, *IPPF and the world*, 18.

⁵⁵ ‘Sporting hero launches Australian “Men Too” campaign’, *IPPF Open File*, 14 January 1986.

⁵⁶ FPAQ, *Fifteenth annual report 1985-86*, 17.

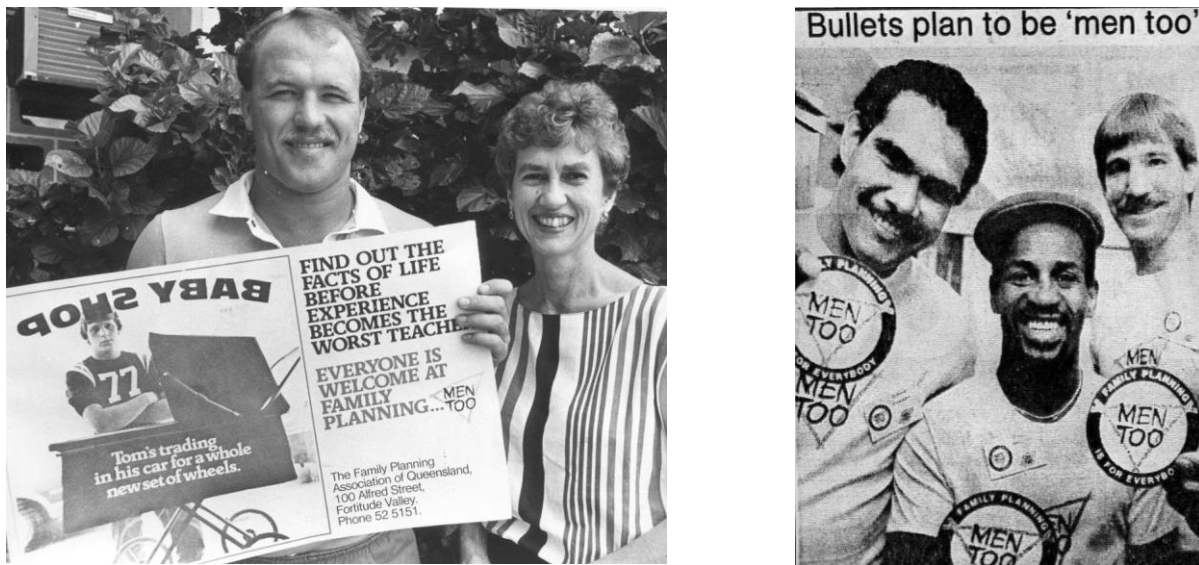


Figure 63: *Men too* featured local sporting heroes, with spectacular results. Wally Lewis, Helen Draper and the Brisbane Bullets. (Southern Star 10 Dec 1995; Courier-Mail 28 May 1986)

Even greater exposure was achieved three months later when FPAQ launched a television commercial starring dual Olympian Larry Sengstock and other members of the Brisbane Bullets National League Basketball team. The launch was held at the new Alfred Street building where blown-up condoms decorated the walls and family planning ‘show bags’ were distributed to the journalists, media crews and guests who crowded into the function room.⁵⁷ The response was universally positive. The launch was extensively covered in the print media and ran as a news item on all four metropolitan television stations.⁵⁸

Reproductive health (Open with caution and Play safe – one on one) 1986-87

By December 1986, when FPAQ launched the *Reproductive health* campaign, HIV/AIDS was being openly discussed in the media. During the past year there had been growing worldwide recognition of the threat it posed, links with gay men, its spread into the heterosexual community and the role of condoms in its prevention. At the same time, authorities were acknowledging that new generations of sexually transmitted diseases such as chlamydia and human papilloma virus were posing a major threat to fertility and sexual health, as were older ones such as gonorrhea and syphilis which were becoming more common. Having already succeeded in highlighting the value of condoms and male responsibility through the *Men too* campaign, FPAQ decided to stick with these concepts but broaden its message.

⁵⁷ *ibid.*

⁵⁸ Bannah, ed., *Family Planning Queensland*, 111-12.

The focus now was on mutual responsibility in relationships and the dual role of condoms in preventing both pregnancy *and* sexually transmitted diseases. In this vein, the Association re-launched *Open with caution* as an advertising slide for drive-in cinemas, renowned venues for sexual risk-taking activity by young people.⁵⁹ The poster was taken up by all states and a greeting card was sent to parliamentarians to remind them of the value of the FPOs in preventing unplanned pregnancies and STDs.⁶⁰

In April 1987 the Association followed up with *Play safe – one on one*, which it assessed as one of the most successful campaigns it had ever run.⁶¹ It was aimed at 15-30 year olds to warn them to be responsible, know their partner, understand the value of condoms and realise that actions taken now could affect their reproductive health forever.⁶² The message was pertinent and its timing fortuitous, given that just a few weeks earlier the Federal Government had launched the *Grim reaper* AIDS-awareness campaign. Blanket coverage and the shocking nature of the commercials left Australians in little doubt as to the deadly nature of AIDS and the dangers of unprotected sex for both partners.⁶³



Figure 64: *Play safe* was launched in Brisbane and all branchesLeft: Minister for Health Mike Ahern with Bears coach Peter Knights and QIT student Cassandra Lee. Right: Senator Margaret Reynolds officiated in Toowoomba (FPAQ AR '86-87, 16, 22)

⁵⁹ 'Controversial ad hits the screen: message of caution is directed at the young', *Albert and Logan News*, December 1986; 'Pregnancy-warning ad screens', *Courier-Mail*, 10 December 1986; 'Family planning hits the drive-in screens', *Satellite*, 17 December 1986; *Northside Advertiser*, 18 December 1986; 'Drive in for message on planning', *Suburban Express*, 16 December 1986; *Westside News*, 17 December 1986.

⁶⁰ 'Cautionary card', *Gazette*, 18 December 1986; 'Family planning is for all', *Satellite*, 26 November 1986; 'FPA breaks new ground', *Westside News*, 19 November 1986; 'FPA card says it all', *Southern Star*, 18 November 1986; FPAQ, *Sixteenth annual report 1986-87*, 10.

⁶¹ *ibid.*, 6.

⁶² Susan Hocking, 'The FPA comes in from the cold', *Sunday Mail*, 3 May 1987.

⁶³ Lewis, *Thorns on the rose*, 442.

In a media coup, FPAQ engaged Health Minister Mike Ahern to officiate at the campaign launch. With the National Party now governing in its own right and Ahern being considered by many to be the most likely successor to the Premier, his involvement was significant.⁶⁴ Not only did it generate a large amount of publicity, but it also enhanced the legitimacy of the Association and its activities. For Ahern it was an opportunity to champion causes to which he had long been committed and to thumb his nose at the Premier and others who had frustrated efforts to liberalise National Party policy on matters relating to sexuality.⁶⁵

Twice in the previous year, Ahern had clashed with the Premier on the issue of condom vending machines. The first was in August 1986, after the government had condoned pre-dawn raids by police on university toilets where illegally installed machines were ripped from the walls.⁶⁶ Having become the new Minister for Health, Ahern refused to act against the offending student unions. Bjelke-Petersen was reported to have been shaking with rage as he yelled at him over his handling of the issue, telling him to 'toe the line or get out'.⁶⁷ Ahern crossed the Premier's path once again in December when he sought to have the Health Act amended to allow condoms to be sold through public vending machines.

In the face of rising public concern over the spread of AIDS, rejection of the bid precipitated widespread criticism of the Premier for his role in obstructing important preventive health measures.⁶⁸ Bjelke-Petersen argued that making condoms more readily available would lower the state's moral standards, encourage promiscuity and foster sexual experimentation by young people.⁶⁹ His view was supported by his wife, Senator Florence Bjelke-Petersen, who said that, while she felt 'sorry about people who get AIDS and who have unusual sex habits', they should 'learn how to say "no" in the first place'.⁷⁰ In a rare display of dissent, the *Courier-Mail* ran a lengthy editorial criticising the 'misplaced moral stance' which put the Premier and his supporters out of step with the medical profession, the Health Minister, powerful members of the National Party and, most importantly, with the needs of the community.⁷¹

⁶⁴ Reynolds, *Lock, stock and barrel*, 92.

⁶⁵ Wear, *Johannes Bjelke-Petersen*, 113.

⁶⁶ 'Have condoms – will travel', *Townsville Daily Bulletin*, 25 June 1988.

⁶⁷ Paul Bongiorno, 'An embattled Joh goes for gee whizzery', *Bulletin*, 18 August 1987.

⁶⁸ 'Row erupts on condom machine ban', *Daily Sun*, 17 December 1986; 'A misplaced moral stance', (Editorial), *Courier-Mail*, 18 December 1986; 'Sparks fly as the condom vending machine debate rages on', *Courier-Mail*, 20 December 1986.

⁶⁹ Peter Morley, 'No condom machines while I'm here – Joh', *Courier-Mail*, 16 December 1986.

⁷⁰ 'Sparks fly as the condom vending machine debate rages on', *Courier-Mail*, 20 December 1986.

⁷¹ 'A misplaced moral stance', Editorial, *Courier-Mail*, 18 December 1986.

Among the many journalists at the *Play safe – one on one* launch was Susan Hocking. After years of reporting on the obstructive behaviour of the government, she suggested the campaign ‘provided an interesting opportunity to see just how times have changed’.⁷² She described the launch and its broader significance in her *Sunday Mail* column:

There we all were...watching Queensland Health Minister Mr Ahern perform the launch with the coach of the Brisbane Bears lending his support. We watched a video presentation about the campaign for more responsible sex. We heard the campaign’s radio advertisement. We listened to words like condoms and sexually transmitted disease. We dodged television cameras and newspaper reporters. And we all felt part of a particularly important and relevant event...

The FPA has come a long way since its inception in Queensland. The launch of the new campaign last week was just one indication of how far. That they could rally the support and presence of the Health Minister is but one example of the high esteem in which they are held.

That we now have a Health Minister who is in touch with the needs and wants of the community is also a tribute, in some part, to the educational work of groups such as the FPA. And Mr Ahern does seem to be in touch. He spoke openly and enthusiastically about the new One on One campaign. As is becoming his trademark, he did not mince words. He spoke not only about the need to take precautions to avoid AIDS, but also about the need to prevent other less publicised diseases. One of these diseases is Chlamydia...

All the FPA’s new Play Safe-One on One campaign is saying is be responsible. Know your partner, know the value of condoms and know that your actions now may affect your health forever. What’s more, the FPA is saying all this in the nicest possible way. And to their great credit they are finally saying it with the support of at least some in the Government and even more in the community.

Just eight days after Hocking’s article was published, ABC *Four Corners* broadcast *The Moonlight State*, a documentary which ultimately led to the Fitzgerald Inquiry. From this point on, the fortunes of the government deteriorated rapidly.⁷³ Revelations of widespread police and political corruption combined with a direct challenge from Sparkes on key policy issues led to the resignation of Bjelke-

⁷² Susan Hocking, ‘The FPA comes in from the cold’, *Sunday Mail*, 3 May 1987.

⁷³ Wear, *Johannes Bjelke-Petersen*, 118-22; Reynolds, *Lock, stock and barrel*, 89-104.

Petersen in December 1987 and his replacement by Ahern. Within a short time the new government amended the Health Act to allow the sale of condoms through public vending machines.

Silent partner 1988

FPAQ celebrated by installing a condom vending machine in the off-street waiting area of the Alfred Street clinic and launching the *Silent partner* campaign. In characteristic style, it staged a successful media launch using talent spotted by Helen Draper at World Expo '88. Draper's resourcefulness, her appreciation of popular culture and her intuitive ability to promote the organisation with the right mixture of seriousness and fun are illustrated by her account of how this came about:

Marjorie was organising to buy a condom vending machine and I said 'Well we've got to let people know we've got one!' When I was at Expo 88 one day, I watched those comedians Dick and Dick, who juggled and had a patter going on outside the Canadian pavilion. I thought, 'Dick and Dick – how brilliant!' So I rang Expo and said, 'How do I talk to Dick and Dick?' I got them to come down to Family Planning. They arrived in outrageous coloured shirts and used the condom vending machine. The cameras followed them inside where we were having the launch. I remember we had to be careful about Actors' Equity, so we didn't pay them - I think we gave them morning tea. They were quite chuffed. They thought it was fun to be invited.⁷⁴



Figure 65: *Silent partner* launch. Helen Draper with Expo '88 comedians Peter Ramsay and John Shier (alias *Dick and Dick*)
(FPAQ, AR 1987-8, 6)

While FPAQ could never have contemplated having a profile at Expo, for the cost of champagne and chicken sandwiches it was able to utilise the generosity, humour and expertise of the comedy duo to associate itself with this major international event. Instead of juggling balls, clubs, knives and fire to

⁷⁴ Bannah, ed., *Family Planning Queensland*, 113.

large crowds at Expo, Dick and Dick juggled condoms in the function room at Alfred Street where they advised the audience that ‘Condoms are like travellers’ cheques – you should never leave home without them’. Not only was their performance covered by the local media but it was also repeated at Expo for a documentary being made for Canadian National Television.⁷⁵ As an added bonus, FPAQ condom sales rose by over 10,000 to 40,149 in the following year.

This campaign marked the end of Draper’s role as FPAQ Publicity Officer. In April 1989 she accepted a short contract with the Commonwealth Department of Health to work on *Break the silence*, a domestic violence prevention initiative. This led to a permanent position, through which she continued to work with FPAQ and other community groups on mutually beneficial campaigns.⁷⁶ In collaboration with Millburn, Morris and staff throughout the state, and with guidance from people such as Val French and Quentin Bryce, Draper had dramatically lifted the Association’s profile. Working largely on intuition, she had branded it in public, professional and political circles as a vital, innovative organisation which was making a significant contribution to public health.

The effectiveness and professionalism of Draper and FPAQ had been formally acknowledged in 1986, when the *Play safe* campaign gained international recognition, and the following year when she was invited to present a paper on low-cost press campaigns at the National School on Adult Education in Canberra. With Draper being the only Queensland speaker at the workshop, the press reported that the ‘Family Planning Association has been singled out as one of Australia’s most effective educators’ and her inclusion ‘was recognition that the FPA was leading the way for other associations’.⁷⁷

Soon after Draper left, June Morris organised for Premier’s wife Andrea Ahern to launch *Where do I start?* a video and discussion kit which she described as ‘a gentle, sensitive, straightforward introduction to sex education’ for preschool and kindergarten children.⁷⁸ The package was commended by a *Sun* editor who agreed that sex education should have been introduced into Queensland schools 20

⁷⁵ See FPAQ folders, Men Too, National Family Planning Day and Condom Vending Machine, Box 5; FPAQ, *Seventeenth annual report 1987-88*, 24.

⁷⁶ Bannah, ed., *Family Planning Queensland*, 116.

⁷⁷ Lee Mylne, ‘Education that leaves its mark’, *Daily Sun*, 30 June 1987.

⁷⁸ Sandra Killen, ‘Sex education long overdue, says Mrs Ahern’, *Courier-Mail*, 3 May 1989. Other articles focusing on the kit include: ‘Andrea understands why sex education is taboo’, *Sun*, 2 May 1989; ‘Sex education kit will aid families’, *Queensland Country Life*, 6 July 1989; Kris Houghton, ‘Telling kids about sex: how to answer all the curly questions’, *Sunday Sun*, 11 June 1989; Lisa Green, ‘Andrea tackles our social issues’, *Daily Sun*, 14 August 1989; Helen Schofield, ‘Honesty about sex the best policy, says Andrea’, *Gold Coast Bulletin*, May 1989.

years earlier.⁷⁹ In a demonstration of the rapidly changing social and political climate of Queensland, the same editorial condemned the Speaker of Parliament, Lin Powell, for resisting change, describing him as a ‘pompous bore’, a ‘pedlar of pious platitudes’ and a remnant of the old style National Party which had enabled ‘minority forces of ultra conservatism to block long-overdue reforms’.⁸⁰

Kelsey Powell took on the role of Publicity Officer in 1989-90. Most notably she reached state-wide audiences through a weekly broadcast on ABC Radio called *Sex talk with Kelsey Powell*.⁸¹ The program was immensely popular, especially with people in remote areas. Education staff in all centres continued to promote the Association. In keeping with the Ahern Government’s focus on reforms relating to sex education in schools, this area was highlighted in publicity and promotion activities.⁸²

Ahern’s Premiership was short lived. Unable to stem the tide of National Party disarray which followed the handing down of the Fitzgerald Report, he was replaced by Russell Cooper after only nine months. In December 1989, the Labor Party came to power for the first time in 32 years and Wayne Goss became Premier. In addition to reforms recommended by the Fitzgerald Report, the new government began implementing social reforms which would be reflected in FPAQ activities. From this point on, the Association’s relationship with state governments of all political persuasions would become more collaborative and the wariness which typified the Bjelke-Petersen era would gradually dissipate.

The Nineties

During the 1990s, FPAQ’s promotional activities were characterised by continuity and change. While three new Publicity and Promotions Officers each made individual contributions – Wendy Darvill from 1991 to 1995, Meera Atkinson from 1996 to 1998 and Therese Simpson from 1998 to 2001 – Millburn remained a constant, keeping a watchful eye on the projection of the Association’s image and maintaining links with the past. Until her retirement in 2001, annual reports demonstrate that she relentlessly showcased the organisation to a succession of influential people and ensured that

⁷⁹ ‘Video hits mark’, Editorial, *Sun*, 3 May 1989.

⁸⁰ ‘Powell backs another loser’, Editorial, *Sun*, 3 May 1989. The issue that sparked the criticism was Powell’s refusal to support the Ahern Government’s plans to rehabilitate teachers who had been discharged from the department because, as young people, they had been convicted of minor drug offences.

⁸¹ FPAQ, *Nineteenth annual report 1989-90*, 25; FPAQ, *Twentieth annual report 1990-91*, 28.

⁸² Sandra Moran, ‘Through the sex maze’, *Gold Coast Bulletin*, 7 June 1990; Kathryn Cruise, ‘Sex education made easy’, *Courier-Mail*, 1 August 1990; Frances Levy, ‘Making sense of sexuality comes of age’, *Gold Coast Bulletin*, 13 November 1990.

previously successful routines were maintained. As had happened in the past, she was profiled periodically as a way of reminding readers of the history of FPAQ and the social changes it had helped to realise.⁸³ Birthdays were celebrated in style, though at less regular intervals, in a more targeted way and with less media coverage than previously.



Figure 66: 20th Anniversary dinner guests . Clockwise from front left, Lady Maureen Schubert, Jude Abbs, Quentin Bryce, Dr Janet Irwin, Reg Millburn, Vimy Wilhelm, Dr John Campbell, Marjorie Millburn, Mary Crawford and Jim Robertson (FPAQ, AR 1991-92, 9)

The Association marked its twentieth anniversary with a self-congratulatory dinner for staff and supporters at the Parkroyal Hotel,⁸⁴ its twenty-fifth with an ambitious but very successful conference and dinner,⁸⁵ and its thirtieth with a party and reflective historical display in the Alfred Street function room. The latter was relatively subdued, given that by this stage the organisation was struggling financially and its future was less certain.

⁸³ Stella Tooth, 'Qld families learn value of planning', *Daily Sun*, 29 March 1984; Adrienne Brown, 'Traveller plans to help others', *Sunday Sun*, 23 February 1986; 'Mrs Millburn: unplanned success', *Northside Advertiser*, 15 May 1986; Marion Smith, 'Campaign aims at sex "silliness"', *Sunday Mail*, 25 May 1986; Susan Hocking, 'The FPA comes in from the cold', *Sunday Mail*, 3 May 1987; Tracey Jambor, 'Marjorie works to find an answer', *Sunday Sun*, 24 September 1989.

⁸⁴ FPAQ, *Twenty-first annual report 1991-92*, 9. According to the invitation, Marie-Louise Thiele was presenter, Prof. Ian Fraser spoke on 'Contraceptive choices towards 2000', music was provided by the Aeolian String Quartet, and entertainment by Justine Anderson and David Pyle of ToadShow.

⁸⁵ Marilyn Bitomsky, 'GPs ask for training' and 'Lesbians left out', *Medical Observer*, October 1996.

As before, book launches were used to gain media coverage and promote the family planning movement. Stefania Siedlecky and Diana Wyndham's *Populate and perish* was launched in Brisbane by Archbishop Peter Hollingworth and in the regions by local personalities.⁸⁶ Funded by a Bicentennial grant to the federation, the landmark study documented the turbulent history of abortion and family planning in Australia.⁸⁷ For many years FPAQ presented this book to visitors as a gift and a means of promoting its cause. In 1995, two sex education books by educators Kelsey Powell and Wendy Darvill were simultaneously launched at the Alfred Street building. While *What shall we tell the children?* and *The puberty book* attracted considerable publicity at the time, they subsequently became bestsellers in their field and have been translated into many languages.⁸⁸ Although not written under the banner of FPAQ, association with the authors has indirectly contributed to its promotion. Sex education books written by June Morris have had a similar effect.⁸⁹

While buildings and services continued to feature in the media, the messages surrounding them were mixed. On the positive side, the Premier's wife Roisin Goss opened extended accommodation at the Gold Coast branch,⁹⁰ Governor-General Bill Hayden launched new premises in Ipswich,⁹¹ and State Health Minister Mike Horan opened the new Education Services building at 106 Alfred Street. On the down side, media stories on the fate of buildings came to reflect the waning fortunes of the Association. When premises were sold off in Ipswich, Maroochydore and Mt Gravatt, services were downsized, discontinued altogether or transferred to private practice. While there was public protest in all centres,⁹² the projected closure of the Ipswich clinic caused the greatest reaction. Local people organised a march through the city and the papers ran stories which were both critical and supportive of FPAQ.⁹³ Federal MP Pauline Hanson caused a stir when she blamed the Association for the loss of

⁸⁶ FPAQ, *Nineteenth annual report 1989-90*, 9-10; FPAQ, *Twentieth annual report 1990-91*, 32.

⁸⁷ Frances Levy, 'Birth control options: and still the battle rages', *Gold Coast Bulletin*, 16 May 1990; Mark Ragg, 'History of contraception "a struggle against hypocrisy"', *Australian*, 20 November 1990, 3.

⁸⁸ Wendy Darvill and Kelsey Powell, *What shall we tell the children: a guide for parents and teachers* (Rydalmere: Hodder and Stoughton, 1995); Wendy Darvill and Kelsey Powell, *The puberty book: a guide for children and teenagers* (Rydalmere: Hodder and Stoughton, 1995).

⁸⁹ Mary Mannison and June Morris, *Teaching adolescents about contraception* (Hawthorn: ACER, 1991); June Morris, *Sex facts: the handbook of healthy sexuality* (Melbourne: ACER, 1994); June Morris, *Sex talk for parents and teenagers* (Melbourne: ACER, 1995); June Morris, *Sex talk for parents of young children* (Melbourne: ACER, 1996).

⁹⁰ FPAQ, *Twentieth annual report 1990-91*, 22.

⁹¹ FPAQ, *Twenty-second annual report 1992-93*, 5, 27.

⁹² Christine Middap, 'Service funds drop as demand rises', *Sunshine Coast Daily*, 5 Feb 1996; 'Women desperate for health services', *Sunshine Coast Daily*, February 1996; 'Happy to escape further funds cut', *Gold Coast Sun*, 13 November 1996; John May, 'Short-sighted approach to family planning', *Courier-Mail*, n.d.; FPAQ, *Twenty-sixth annual report 1996-97*, 22.

⁹³ Unidentified newspaper clippings, Mark Strong, 'Protest crosses political lines'; 'Women's health centre future query'; 'Rally for FP clinic'; 'Clinics to close after cash cuts', *Courier-Mail*, n.d.; 'Cost effectiveness', *Satellite Weekly Times*, 7 May 1997.

services, accusing it of playing ‘political games’.⁹⁴ FPAQ reacted angrily and blamed Commonwealth Government funding cuts, while Ipswich City Councillor Paul Pisasale accused the State Government of lack of commitment to its own ‘South East Queensland 2001’ planning strategy.⁹⁵ Ultimately, the State Government acted to help FPAQ retain the Ipswich clinic, albeit in a reduced capacity as an outreach service from Brisbane.

After a number of years of neglect, FPAQ began revitalising the publications program. This was sparked by the appointment of Educator Wendy Darvill in 1991. Mindful of the need to provide high quality information and a more professional image, Darvill systematically updated existing resources and developed new ones. With the help of a design studio and a number of professional artists, she standardised layouts, branded them with the name and logo and gave them a more contemporary look and feel. From 1996, Meera Atkinson and Therese Simpson added further to the compendium of publications. The difference between them and their predecessor was that they worked with an in-house Publications Committee, which aimed at ensuring quality control and, instead of using a commercial studio, they drew on the design and layout skills of desktop publisher Michelle Rainsbury.

Rainsbury took advantage of a succession of developments in communication technology which enabled the Association to produce publications more affordably and independently. She oversaw the move from DOS-based to more sophisticated software programs, from floppy discs to CDROMs and DVDs and from stand-alone to networked computers, online technology and the Internet. In collaboration with the Publicity and Promotions Coordinators and others, Rainsbury designed a wide range of educational and promotional materials, curricula, reports and, importantly, FPAQ’s first website. The Association was highly regarded for the quality of its resources, which were distributed through courses, clinics, the library, education services and online. On a number of occasions, other FPOs paid to adapt resources for their own purposes

FPAQ used research activities to project a more serious and sophisticated image to funding bodies, professionals and the general public. Set up in 1993, the Research Advisory Committee ran small-scale but very successful biennial seminars which focused on topical issues such as sexuality and ageing, men and sexuality, fertility at 40 and emergency contraception. It also coordinated the *Men women and*

⁹⁴ ‘Family planning to close’, (unidentified newspaper cutting).

⁹⁵ ‘Family planning to remain open’, (unidentified newspaper), 23 May 1996.

sex conference which ran over three days in September 1996 to celebrate FPAQ's twenty-fifth birthday. Wendy Darvill was an inaugural, highly-committed member of the Committee who tragically disappeared without trace shortly before the conference. To acknowledge her contribution to FPAQ and perpetuate her memory, Darvill's family and the Association set up a trust account in 1999 to fund an annual Memorial Lecture at which key researchers would present the latest findings on issues of interest to family planners and the community.⁹⁶ These continue to the present.

Conference presentations and publications by staff and members of the Research Advisory Committee also represented a significant means of promoting the organisation and its support for research. Education, medical, nursing and library staff contributed papers on topics as wide ranging as sexuality and disability, sexual dysfunction, sex education, nurses as providers of Pap smears, fathers talking to their children about sex, women's experience of sexual assault and the sensitivities of dealing with sexuality-related issues in the library. Conference papers were presented at the local, national and international levels, while articles appeared in publications which ranged from professional newsletters to prestigious international research journals.

FPAQ continued to run campaigns in the early 1990s but to a lesser degree than in the previous decade. This was attributable to the more liberal social and political environment, altered funding arrangements and the need for the Association to apply for special project grants. The Cairns branch obtained the Association's first dedicated AIDS-prevention funding in 1989 for a safer sex campaign in which packets containing condoms, lubricant and instructions for proper use were distributed to clinic and education clients.⁹⁷ This branch also won funding to run a collaborative project with the Cairns and Mulgrave Shire Councils whereby 'Ask us' stickers were put on display in public toilets. In a demonstration of the enthusiasm and dedication of the branch, family planning staff and partners visited tourist spots as far away as Cape Tribulation to ensure the message got through to as many as possible of the increasingly young, transient population of the Far North.⁹⁸

FPAQ used a small grant to produce posters, pamphlets and cartoon badges for a campaign entitled *Sex freaking you out?* Designed in conjunction with youth and produced with \$1,000 from the Department of Tourism, Sport and Racing, the aim was to encourage young people to ask FPAQ for advice on

⁹⁶ FPAQ, *Twenty-eighth annual report 1998-99*, 5.

⁹⁷ FPAQ, *Nineteenth annual report 1989-90*, 30.

⁹⁸ FPAQ, *Twenty-eighth annual report 1998-99*, 30.

matters relating to sexuality.⁹⁹ The zany badge's appeal to its target audience was confirmed when the concept and image were unlawfully appropriated and used by a rowing club and a city hotel to attract university students during Orientation Week. Similarly, an image used in the brochure *Periods: a guide for girls* was copied by a design studio and used in a promotion for a local museum.¹⁰⁰



Figure 67: The appropriation of images confirmed their appeal to young people

In July 1991, promotional activities took a great leap forward when FPAQ was invited by Queensland Health to create a campaign on the theme of *Women, men and AIDS*. In line with the objectives of the National HIV/AIDS Strategy, the Federal Government was shifting its focus from high-risk groups and funding the states to address the issue of increasing rates of transmission of HIV to the heterosexual community. With a budget of \$70,000, FPAQ employed Public Health Consultant and former FPAQ Educator Lea Shaw to carry out the project. Using focus groups throughout the State to stimulate discussion, inform research and collaborate in the development of educational resources, Shaw coordinated the campaign, which resulted in the production of a leaflet and poster bearing the slogan *What's love got to do with it?* Designed to help women protect themselves in relationships with men or other women, they featured images of naked heterosexual, lesbian and gay couples in intimate poses. These were well received, the campaign was positively evaluated and the project highlighted the potential value of an ongoing partnership with Queensland Health. Having established an outstanding track record in health promotion over the previous 20 years, it now showed that it had the expertise to

⁹⁹ FPAQ, *Twenty-first annual report 1991-92*, 25.

¹⁰⁰ Personal communication with cartoonist Max Bannah.

manage projects of any size.¹⁰¹ Under the headline ‘Sex shocker’, the *Australasian Post* declared that ‘Queensland – once regarded as the wowser state – has come up with the country’s most daring sex education poster’. According to the *Post*’s full-page spread, Shaw’s only disappointment was that the wowsers were lying low and had failed to generate significant media-grabbing controversy!¹⁰²

The Association was not disappointed the following year when, in a style reminiscent of campaigns of the 1980s, Darvill organised a promotion for emergency contraception, a method which could be used up to 72 hours after unprotected intercourse to lessen the possibility of pregnancy. Research had shown that emergency contraception, more commonly known as ‘the morning after pill’, was poorly recognised, misunderstood and underutilised by health professionals and consumers alike. The aim was to bring the method to the attention of key target groups and educate them about its potential and use. Information kits were sent to all Queensland high schools and tertiary institutions and to metropolitan and regional organisations dealing with young people. In addition to the kits, doctors were sent professional information detailing the available methods and practical aspects of administering them.¹⁰³

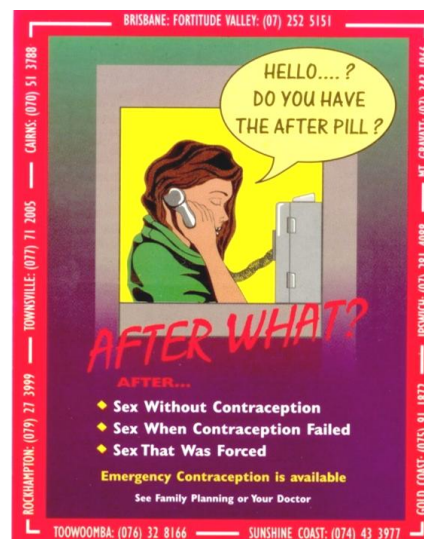


Figure 68: Emergency contraception campaign sticker

Politicians, church and family groups, and Right to Life all criticised FPAQ for promoting emergency contraception to young people, particularly during the end-of-year Schoolies Week, which was

¹⁰¹ *ibid.*, 26. See also, FPAQ folder, Women Men and AIDS, Box 5. Includes original proposal by Elizabeth Faldt (Qld Health, AIDS Education Unit), and copy of Shaw, Report on Women, Men and AIDS project.

¹⁰² ‘Sex shocker’, *Australasian Post*, 6 June 1992, 11.

¹⁰³ See FPAQ folder, Emergency Contraception, Box 5, for detailed information, including, Wendy Darvill, Emergency contraception community and professional awareness campaign, paper presented to Seventh National Health Promotion Conference, 1995. See also Samantha Overy, ‘Emergency contraception ignorance’, *Australian Doctor*, 20 August, 1993.

reportedly ‘notorious for wild and drunken celebrations by teenagers’.¹⁰⁴ After one newspaper inaccurately labelled it ‘the abortion pill’, FPAQ was accused of encouraging young people not only to have sex, but also abortions.¹⁰⁵ Despite such criticism, the campaign was supported by many, evaluated by the Association as being highly successful and was later adapted and used by Family Planning Victoria.¹⁰⁶ It also contributed to a growing call from the FPOs, doctors and others, for more convenient packaging and easier access to emergency contraception,¹⁰⁷ a situation which was finally realised in 2001 with the release of Postinor 2 and over-the-counter availability in pharmacies.¹⁰⁸

Given the accusations that the campaign was promoting abortion, it was ironic that around this time FPAQ was publicly reviled for its hypocritical approach and refusal to declare itself on the issue. In 1990, the Council had in fact begun drafting a position paper supporting women’s right to abortion.¹⁰⁹ This was in response to Labor’s pre-election policy of removing the procedure from the Criminal Code and making it a health issue between a woman and her doctor. When the newly elected government shied away from abortion reform and excluded it from a review of the Criminal Code,¹¹⁰ this caused FPAQ to retreat to its former position whereby it privately supported women in their decisions but publicly stated that its intention was to prevent the need for abortion.¹¹¹ Its refusal to join the Abortion Law Reform Campaign led to a situation where a Children by Choice speaker at a large City Hall rally

¹⁰⁴ ‘Bad timing for sex kit’, *Canberra Times*, 14 October 1993; ‘Outcry over safe sex pack’, *Queensland Times* (Ipswich), 14 October 1993; ‘Contraception pack criticised’, *Cairns Post*, 14 October 1993; ‘“Morning after” pill row’, *Southern Star*, n.d.; ‘No condoms or pills, just “info” in school sex kit’, *Courier-Mail*, 16 October 1993; Info kit ‘promotes sex in schools’, *Townsville Daily Bulletin*, 1993; ‘Sex packs condemned’, *Morning Bulletin* (Rockhampton), 14 October 1993; ‘No to sex info kits’, *North West News*, 20 October 1993.

¹⁰⁵ Michelle Hele and Peter Morley, ‘Morning-after pill schools campaign’, *Courier-Mail*, 14 October 1993; ‘Morning after pill breaks law: doctor’, *Courier-Mail*, 9 June 1993; Letter to Dr Morris Towers from Dr A. Breck McKay, ‘Consumer help against malpractice’, *Sunday Mail*, 6 June 1993.

¹⁰⁶ Chris Bishop, ‘Students back sex kit’, *Quest News*, 21 October 1993; Mark Steene, ‘Sex kits to be issued to students’, *Townsville Daily Bulletin*, 21 October 1993; ‘Mixed reaction to sex kits’, *Northern News*, 21 October 1993; Chris Bishop, ‘Students back pill kit: solution to schoolies’ week fears’, *South West News*, 20 October 1993; Mardi Chapman, ‘Morning after campaign launch’ and ‘Emergency kit deserves support’ (Editorial), *Australian Doctor*, 12 November 1993; ‘Talking point’, *New Weekly*, 28 October 1993.

¹⁰⁷ ‘IMAP statement on emergency contraception’, *IPPF Medical Bulletin*, 28(6): December 1994; ‘“Morning after” pill confusion’, *Australian Doctor*, 21 May 1993.

¹⁰⁸ Prior to emergency contraception being made available as a two-pill package, women had to take 50 levonorgestrel-based pills in two doses, 12 hours apart. See FPAQ, Emergency contraception: information for health professionals, Factsheet, September 1999, in FPAQ folder, Emergency Contraception, Box 5.

¹⁰⁹ FPAQ, Minutes of Executive Committee Meeting, 10 April 1990; FPAQ, Minutes of Council Meeting, 30 May 1990. A more open approach to abortion had been apparent in a letter sent from FPAQ to all federal parliamentarians in Queensland the previous year, asking them to vote against a bill proposing cuts to Medicare rebates for the procedure, Pamela Chick, Memorandum to all Council members re. possibility of amendments to the Health Insurance Act..., 8 August 1989.

¹¹⁰ Walker, *Goss*, 149-54.

¹¹¹ See FPAQ policy on abortion and decision not to publicly participate in any future debate, 30 May 1990, attached to FPAQ memo, Updating abortion policy, 9 March 1994.

attacked the Association for not acknowledging abortion as a method of fertility control and for refusing to stand up and be counted.¹¹²

Queensland was not the only place where the FPO was attracting negative publicity for its stance on abortion. Globally, an article in *International Family Planning Perspectives* highlighted antagonism between members of the family planning movement and feminists who believed sexual and reproductive health services should include access to abortion.¹¹³ At the national level, the media was focusing on Senator Brian Harradine's efforts to have Medicare payments restricted and to draw attention to the role of the FPOs in referring for abortion.¹¹⁴ There were also well-publicised challenges to services and the law in New South Wales and South Australia.¹¹⁵

Such opposition prompted FPA Inc. to formulate the Family Planning Choices Charter, a position paper which could be used by the FPOs and sympathetic parliamentarians as a tool to help them resist pressure for change.¹¹⁶ Given that the Charter avoided endorsing women's right to abortion and instead focused on the need to prevent unplanned pregnancies through contraception and education, it prompted renewed criticism of the FPOs by feminists. It also highlighted the longstanding differences between those who believed that abortion was part of a continuum of fertility control and should therefore be offered as a family planning service and the more pragmatic family planners who chose to provide a wide range of services but refer women requesting abortion to outside specialist clinics.¹¹⁷

IPPF took a different approach. In 1992 it released a new strategic plan which promoted women's access to safe abortion as a key challenge for all of its members and stated that it was an issue on which they should no longer remain silent: 'IPPF in unison with all its member associations must take an

¹¹² Recalled by the Author, who attended this meeting.

¹¹³ Cowan, 'The road from Rio to Cairo: towards a common agenda': 61-6. See also Memo from Dianne Proctor, Executive Director FPA Inc., to CEOs and Federal Council Members, 2 September 1993, and Extracts of correspondence between Penny Kane and IPPF Chairperson Fred Sai, re. International Population and Development Conference, 1994, in FPAQ folder, Abortion and Family Planning, Box 6.

¹¹⁴ Siedlecky and Wyndham, *Populate and perish*, 96.

¹¹⁵ 'The full FPA story: Elaine Nile tells', *Light*, February 1993; Letter from Margaret McDonald, CEO FPA/NSW to Dr Margie Ripper, Women Studies Department, University of Adelaide, 11 June 1993, in FPAQ folder, Abortion and Family Planning, Box 6; Barbara Baird, *I had one too: an oral history of abortion in South Australia before 1970* (Bedford Park: Women's Studies Unit, Flinders University, 1990), ix, 5.

¹¹⁶ FPA, Family Planning Choices Charter, 1992, in FPAQ folder, Abortion and Family Planning, Box 6.

¹¹⁷ Rebecca Albury, *Beyond the slogans: the politics of reproduction* (Sydney: Allen and Unwin, 1999), 163-4. See also, Letter from McDonald to Ripper, 11 June 1993. McDonald responded to criticism of the FPOs made by Ripper in a paper presented to the Biological Sciences Symposium. She expressed disappointment that critics should ignore the breadth of services they offered, lump them together with anti-abortion forces, fail to acknowledge views other than their own, and fail to appreciate the need for the FPOs to respond 'in ways that take into account the context in their particular state'.

active role in publicising the nature and extent of the problem at international, regional and country levels and in identifying and implementing effective and strategic solutions.’¹¹⁸ The International Federation would maintain this stance even though it had already meant the loss of many millions of dollars in funding from the United States following implementation of the Global Gag Rule.

The corporate identity issue re-emerged in 1992 when a common logo was adopted and the FPOs assumed shortened, more corporate names in an effort to modernise their image, brand themselves more effectively and present a united front. Having already changed its name to the Family Planning Federation of Australia in the mid-1980s, the secretariat now became ‘Family Planning Australia’ and members followed suit.¹¹⁹ Unfortunately, these changes did not solve the dilemma. The logo was neither popular nor effective and, by the end of the decade, most FPOs had stopped using it and reverted to individualised symbols. Not only that, but the federation and a number of state associations changed their names once again, hoping to project more accurately the scope of their interests and break from the outdated connotations of the term ‘family planning’. These changes only added to the confusion. The national body became ‘Sexual Health and Family Planning Australia’ for domestic purposes, but retained Family Planning Australia for use with its international program. South Australia and ACT also added ‘Sexual Health’ to their names. FPA/NSW switched to ‘FPAHealth’ but found it necessary to append ‘(formerly Family Planning)’, by way of explanation. Queensland chose not to lose the ‘well-known and respected name of Family Planning’ and continued to use its original name for official purposes until 2000, when it was formally changed to Family Planning Queensland.¹²⁰



Figure 69: The national logo (left) was not popular with the FPOs, all of whom asserted individual identities from the late 1990s

After the *Emergency contraception* campaign, the focus of FPAQ’s publicity moved from topics of its own choice, to promotion of resources made with special purpose grants. Funding bodies were varied and projects ranged from the production of booklets, brochures, reports and curricula, to educational videos, CDROMs, seminars and conferences. Displays were still considered to be important. The

¹¹⁸ IPPF, *Vision 2000: strategic plan*, 5.

¹¹⁹ FPAQ, *Twenty-second annual report 1992-93*, 6.

¹²⁰ FPAQ, *Thirtieth annual report 2000-01*, 34.

Rockhampton branch reached out to its rural community via the annual Beef Expo while Brisbane staff put the Association on show at SEXPO, a four-day sexuality, health and lifestyle exhibition at the Brisbane Convention Centre.¹²¹ On behalf of all Australian FPOs, Family Planning New Zealand and IPPF, FPAQ also mounted a display at the Commonwealth People's Festival which was intended to be held in association with the Commonwealth Heads of Government Meeting in 2001.¹²² While the display went ahead, CHOGM was cancelled in the wake of terrorist attacks in the United States.

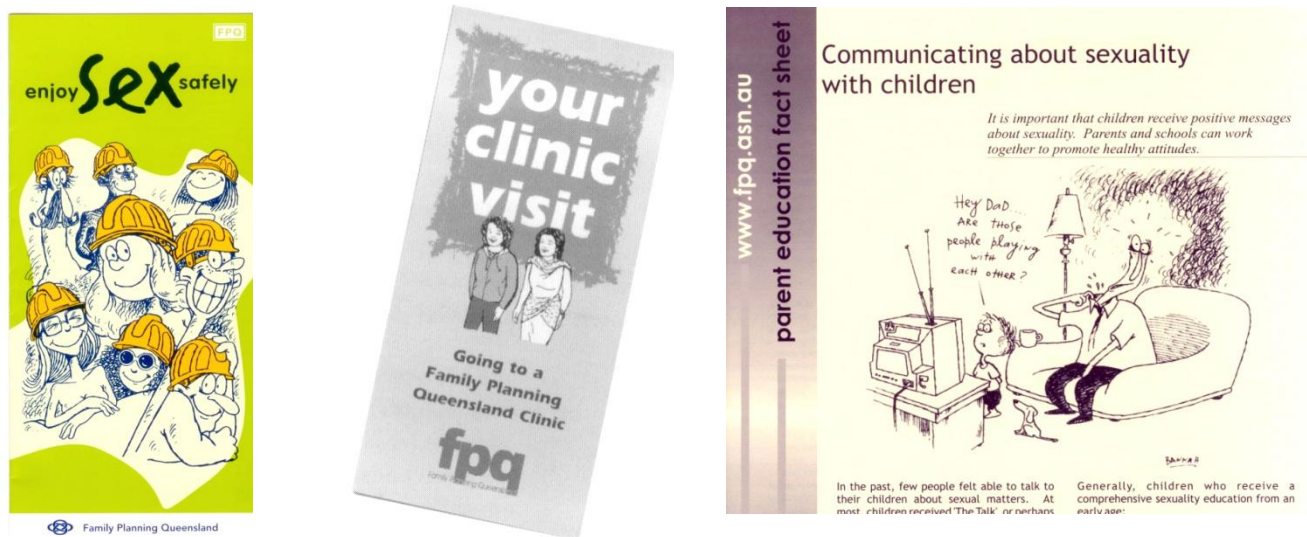


Figure 70: Brochures and factsheets were written and designed to appeal to specific target groups

From time to time, FPAQ encountered opposition in the community. The launch of the primary school teaching package *Talkin' about it* prompted newspaper accusations that it was promoting homosexuality in Queensland classrooms and teaching five-year-olds how to have sex.¹²³ Likewise, *Out with homophobia*, a high school curriculum and poster designed to encourage greater tolerance of sexual diversity led to a chorus of similar claims in 1997 and allegations in Parliament that the Association was 'anti-life', encouraging child abuse and 'teaching the perversion of homosexuality'.¹²⁴ Schoolies Week information kits consistently attracted criticism.¹²⁵ FPAQ was not alone in facing such opposition. FP/NSW created a storm when it published a *Fact and fantasy diary*, which presented

¹²¹ FPAQ, *Twenty-ninth annual report 1999-2000*, 24.

¹²² FPAQ, *Thirty-first annual report 2000-01*, 8.

¹²³ Mark Furler, 'Gay lessons not sanctioned in schools', *Sunshine Coast Daily*, 14 December 1994; Leisa Goddard-Roles, '5 year olds in sex class', *Sunshine Coast News*, 11 December 1994; Leisa Goddard-Roles, 'Talking about sex okay within reason, schools say', *Sunshine Coast News*, 14 December 1994.

¹²⁴ Sylvia Bannah, 'The joy of sex', *Extra Special*, 3 (1999): 2.

¹²⁵ The first Schoolies kit was produced in 1988, see FPAQ, *Eighteenth annual report 1988-89*, 6; FPAQ, *Nineteenth annual report 1989-90*, 30.

educational information to young people in an appealing way, while FP/SA was forced to delay distribution of a high school sex education program in the face of fierce resistance from conservatives.

FPAQ took advantage of promotional opportunities presented by the Commonwealth Government. It participated in lavish launches and used posters, stickers and educational material from big budget campaigns such as *If it's not on, it's not on*, which aimed at empowering women to persuade their partners to use condoms, and *Condoman*, a safe sex program which was targeted at Aboriginal and Torres Strait Islanders. FPAQ also gained extensive publicity in 1995 when Health Minister Carmen Lawrence launched the National Cervical Screening Program Information Package at the Fortitude Valley centre.¹²⁶



Figure 71: Education Director Anne Zafer with *Condoman*, Brisbane City Square 1990. FPAQ benefited from launches of big budget campaigns such as this and *If it's not on it's not on* (FPAQ, AR 1990-1, 32)

While the spin-offs from national campaigns were mostly positive, this was not always the case. In 1994, Dr Jane Howard was medical adviser in the production of *The only safe sex guide you'll ever need*, a booklet which was published as a sealed insert in popular young-women's-magazine *Cleo*.¹²⁷ Jointly funded by Ansell and the Department of Human Services and Health to the tune of \$250,000,

¹²⁶ FPAQ, *Twenty-fifth annual report 1995-96*, 12, 28-9.

¹²⁷ *The only safe sex guide you'll ever need*, (Canberra: *Cleo*, 1994). Copy of this and related information in FPAQ folder, Cleo Safe Sex Guide, Box 5.

the guide reflected the government's commitment to the Second National HIV/AIDS Strategy. It was directed at young women under 35 and included non-judgmental information about a wide range of risky sexual behaviours, one of which was anal sex. The rationale was that people could only practise safe sex if they knew what it was, how to negotiate it, how to achieve it and the consequences for their health and wellbeing if they did not.¹²⁸

The guide was launched by Health Minister Carmen Lawrence in November 1994. By the beginning of the following year, its explicit content was being scrutinised by Queensland Senator Dr John Herron, and a media maelstrom was about to begin.¹²⁹ Herron's objections were supported by *Courier-Mail* journalist Laurie Kavanagh who wrote a series of vitriolic articles accusing the government of using taxpayer money to fund the 'Loonie Left' to come up with 'a sodomy guide ...which among other sewer practices, endorses anus licking, urinating on "partners" and a host of other sick actions as "normal"'.¹³⁰ Kavanagh was still on the attack in July by which time he claimed Herron had petitions signed by over 120,000 people. He wrote that most signatories were from Queensland, 'because this is the only state in which the guide has been thoroughly exposed as the deviant document it is'.¹³¹ When Howard was identified in the Senate as the medical adviser, FPAQ held its breath, hoping not to be drawn further into the controversy. Its worst fears were not realised. The attacks were directed at Carmen Lawrence and came to a standstill, as did her federal parliamentary career, when the Marks Royal Commission was set up to investigate an incident from her time as Premier of Western Australia.¹³² Such reactions to the safe sex guide provided FPAQ with a sobering reminder of the ferocity which could be generated by conservative forces in Queensland.

A constant in the promotion of the Association across the whole of this period was FPAQ's annual reports, which all bear the hallmark of Administrator Marjorie Millburn. She never lost sight of lessons learnt in her formative years, one being that annual reports had the potential to be of great value. They provided a vehicle for the Association to present a positive public image, record its own history, air its ambitions and achievements, highlight gripes with the government, thank staff and supporters and,

¹²⁸ 'Guide to cut sex diseases', *Courier-Mail*, 9 November 1994.

¹²⁹ Australia, Senate 1995, *Estimates*, CA30-40.

¹³⁰ Laurie Kavanagh wrote a number of articles on this topic during 1995 in his regular 'Kavanagh on Saturday' column in the *Courier-Mail*. These include: 21 & 28 January, 24 February, 4 & 11 March, 15 April; 22 July.

¹³¹ Laurie Kavanagh, 'One of the privileged', *Courier-Mail*, 22 July 1995.

¹³² Laurie Kavanagh, 'Final farewell for Carmen's folly', *Courier-Mail*, 24 February 1996.

importantly, to project the organisation's very human face. From 1981 on, words were complemented by photos of staff, Council members, visitors and clients throughout the state.

Despite changes in Publicity and Promotion personnel, while Millburn was at the helm, the annual reports remained consistent in style and content. An exception was the 30th Annual Report in which the Administrator's summary of FPAQ's history was relegated from its usual position at the beginning of the report, to the end. Not only that, but Council Chairman Professor Chris Del Mar wrote that change was in the air and a management consultant had been appointed to advise on ways the Association could be reorganised to better serve Queensland's sexual health needs.¹³³ The ensuing events led to Millburn's resignation in December 2001 and the end of an era in FPAQ's history. A new broom would soon sweep through FPAQ, making way for changes which would be reflected right across the organisation, not least through annual reports and other publicity and promotion activities.

Such were the means which FPAQ used to brand itself, advertise, lobby, educate, inform and get its message across to funding and policy-making bodies, influential people, professionals and the general public. The publicity and promotion program flourished under a succession of enthusiastic individuals, all of whom responded to their times and made unique contributions to the public face of the Association. Millburn and Morris used tried and tested methods recommended by IPPF and AFFPA, but also extended their repertoire through a process of trial and error. The 1980s was dominated by part-time educator Helen Draper. She built on their work and combined intuition with lessons learnt from formal training at QIT, her own experience and that of other FPOs, to bring about an explosion in the quantity and quality of exposure of the organisation. Publicity and Promotions Officers of the 1990s adapted to changing funding opportunities and accountability requirements and became more consciously strategic in projecting FPAQ. The processes they used were more considered, often involved consumer research and were evaluated to determine their success or otherwise in reaching more narrowly targeted groups. Despite the differences, they continued to take advantage of rapidly developing communication technologies and all forms of media to project the organisation in ways which were innovative, informative, visually and conceptually appealing, appropriate for the times and intended audiences, and infused with the values of FPAQ and the movement of which it was a part.

¹³³ FPAQ, *Thirtieth annual report 2000-01*, 1.

Although publicity and promotion staff may well have been oblivious to the influence of IPPF, it was nonetheless present throughout. The International Federation stressed the importance of promotional activities, produced resources which all members could use and sponsored activities which were staged by the national federation and designed to help the FPOs effectively promote themselves and their services. New ideas filtered down from IPPF to the national federation and then to individual members via, for example, National Family Planning Day campaigns or through workshops or conferences. In the early days the British Family Planning Association was a rich source of posters and other promotional material which remained intact apart from the substitution of the particular FPO's name. Under the leadership of IPPF, the family planning movement was characterised by generosity in the sharing of concepts and resources.

Given the impact of publicity and promotion services and the importance that was attached to them, surprisingly little organisational funding was dedicated to these activities. The pharmaceutical companies provided critical support in the early stages and they remained significant contributors throughout. Following the advent of AIDS, federal, state and local governments and other funding bodies played an increasingly important role in FPAQ's health promotion efforts through the provision of special project grants.

The value of media support was immeasurable. It was considered essential from the start, was cultivated by Blunt, Millburn and Morris and flourished through the 1980s as Draper used her networking and promotional skills to great advantage. Although FPAQ continued to receive media coverage during the 1990s, community attitudes had changed. Issues of sexual and reproductive health were less controversial and therefore less likely to make the news. Apart from more targeted promotion of services and education and teaching resources, FPAQ's emphasis shifted to the publication of journal and magazine articles and conference presentations, as it sought to project an image of an organisation that was scientifically-grounded in research and evidence-based practice.

The Queensland environment played an important role in publicity and promotion activities. Operating on minimal budgets, those responsible drew on familiar images, everyday occurrences and the goodwill of politicians, sporting and cultural personalities as they attempted to focus attention on the Association's aims and objectives, attract patrons, educate the community, counter conservative attitudes and spread the family planning message broadly. In the course of doing their jobs, publicity

officers often unwittingly produced resources such as posters, stickers and badges which in turn contributed to the popular culture of the state. Through media exposure and by sharing campaigns and resources with other FPOs, some of these took on lives of their own in other parts of Australia as well.

In all of these ways, a small group of staff projected a positive image of FPAQ and supplemented perceptions that had already been created through clinic and education services. They branded it as a progressive, innovative organisation, an advocate for minority and disadvantaged groups, a trustworthy source of information and a reliable commentator on sexual and reproductive health issues.

While attitudinal change is difficult to gauge, the extensive media exposure FPAQ achieved and the responses that were elicited from journalists, politicians, other organisations and the general public, would suggest that publicity and promotion activities helped to break down barriers, expose myths, and challenge taboos surrounding contraception, sexuality, gender and related issues in Queensland. They also suggest that FPAQ played an important role in disseminating information and ideas which facilitated the acceptance and perpetuation of the family planning movement in Queensland.

Conclusion

Institutions are the connection between individual actions and collective outcomes...Whatever the institutional structure, some individuals carry greater weight than others. More importantly, however, people interact to make the outcome far more important than the simple sum or average of individual characteristics.¹

This study articulates the previously undocumented history of what is now called Family Planning Queensland, a significant non-government organisation which offers sexual and reproductive health services through its Brisbane headquarters and seven regional branches. FPAQ emerged in 1971, became firmly established by 1976, and persisted and changed over the next 25 years. Examination of the establishment phase shows that while historically there had been little organised activity in family planning in Queensland, by the early 1970s, individuals, ideas and events converged to create conditions which facilitated the emergence of FPAQ and similar organisations in other parts of Australia. While initially the Association's priorities were to provide contraceptive and professional training services, it soon established community education, information and publicity and promotion activities, and developed governance processes to support them. It also dealt with the challenges posed by the emergence of six branches in its first five years of operation.

Over the years, four main forces acted simultaneously on FPAQ and shaped it in distinctive ways. The birth control movement led by IPPF played a key role at all stages, but was particularly important in the formative years. As an influential social movement organisation, IPPF was in an expansionary phase in the late 1960s and encouraging members to extend their services. FPAA President Vimy Wilhelm took up this challenge and through the formation of a nationally representative Medical Advisory Council qualified the Association to be a full member of IPPF. When Dr Alan Blunt became Queensland's representative on the NMAC, the seeds of FPAQ were sown. With the backing of the International Federation, FPAA provided moral, financial and practical support to get the Queensland and other state associations underway. Once the Australian Federation of Family Planning Associations was established, interchanges with IPPF were mediated by it and all FPOs were obliged to comply with the conditions of membership of both.

¹ Jackson, ed., *Institutions in American society*, 2.

Although the fortunes of the national and international Federations waxed and waned over this 30 year period, they remained constant influences. IPPF's consultative status with other international bodies meant that members were kept in touch with global trends and received guidance on ways of keeping up with them. Not only did IPPF influence members directly, but also through international treaties or agreements into which it had input. These were endorsed by the Australian Government, integrated into its policies and subsequently incorporated into the contractual conditions of the national federation and the individual FPOs. Through these channels, change filtered down to and was reflected in the development of FPAQ. While the greatest impact of the national and international federations was felt by the governance team, all sections and the direction they took were affected by them. They provided operational frameworks, guidelines, standards, resources, a collective voice, and forums for discussion and decision-making. They lobbied on behalf of local associations, liaised with the powers that be and, in general, enhanced their legitimacy. Through federated structures, members of local associations were able to participate in their management and activities. Although membership of both Federations carried obligations which at times were onerous, overall it conferred benefits which far outweighed the disadvantages.

The Australian Government became a second significant influence on FPAQ's fortunes and policy directions soon after it began. Having started with no government support, within a short time the Association was dependent on the Commonwealth for financial viability. The logistics of funding led to the creation of the Family Planning Program and the Australian Federation of Family Planning Associations which, between them, assured all FPOs of a role into the future. With variations, funding arrangement persisted through a number of changes of government. In return, the Associations were obliged to comply with the policy directions of the different regimes and adapt to varying levels of funding. From the 1990s the Federal Government became less generous and more intrusive as it sought to control the agenda and direct the FPOs away from a social justice philosophy of meeting demand for services, towards an economic rationalist focus on value for the funding dollar. In failing to adequately respond to Government directives and the changing political, public health and corporate environments, FPAQ eventually faced a financial crisis and a turning point in its history.

The third major force acting on FPAQ was the nature of Queensland itself. As was the case with family planning organisations around the world, FPAQ was a product of the environment in which it emerged and existed. It was shaped by the geography and demography of Queensland and the social, medical,

legal and political issues which were particular to it. In responding to local conditions, the Association progressed in ways which distinguished it from its counterparts in other states. Most notably, as a result of the decentralised nature of Queensland, it developed and maintained a network of regional branches. In response to pressures from the Catholic sector and the State Government, it was established with a more medical and politically cautious focus than any of its Australian counterparts.

The State Government exerted a force which was disproportionate to the comparatively small amount of funding it provided. As FPAQ was dependent on it for the creation of conducive operating conditions, the obstructive behaviour of Bjelke-Petersen regime affected every section of the organisation. It inhibited the extension of birth control services by banning family planning clinics in public hospitals, not allowing hospital pharmacies to dispense contraceptives, refusing to pass Commonwealth funding on to community health services, maintaining that abortion and vasectomy were illegal and using intimidatory tactics to deter FPAQ's involvement with the former. Likewise with education and training services, it banned sex education in State Schools, sought to control the content of courses regarding abortion and polarised the community on these issues. FPAQ managed to work around all of these obstacles and used many of them to its advantage. It developed thriving clinics, professional training and after-school-hours sex education programs and devised innovative publicity and promotion campaigns which were expressive of Queensland society in this era. During the 1990s the Goss, Borbidge and Beattie governments continued to impact on FPAQ, but in more generous and collaborative ways and by fostering a more liberal social environment.

Finally, no less important than any of the above forces, was the agency of individuals. Blunt made an outstanding contribution in the formative stages. He drew together an unlikely combination of people with the skills and drive to bring family planning services to Queensland. After he left, Marjorie Millburn worked with his successors on the Council to carry his vision forward and put her own stamp on the organisation. Although Blunt and Millburn made monumental contributions there were many others who were important in shaping the Association. In every section, at every level there were people who made a difference. Most came to FPAQ because they had an interest in the field and many stayed for lengthy periods because they were committed to the values of FPAQ and the movement of which it was a part. This was consistent with the broader field and the long line of individuals who had left their marks – from Thomas Place to Charles Bradlaugh and Annie Besant; from Margaret Sanger and Marie Stopes to the other women and men who worked internationally to make IPPF a reality; and,

in Australia, from Lillie Goodisson and Ruby Rich to Vimy Wilhelm and Dr Rodney Shearman. Individuals undoubtedly had an impact on the history of FPAQ. While some carried greater weight than others, overall it is clear that, regardless of their contributions, all of them interacted ‘to make the outcome far more important than the simple sum or average of individual characteristics’.²

After Millburn departed, the organisation continued as Family Planning Queensland. Kelsey Powell was appointed Chief Executive Officer, the Board was reorganised under the Chairmanship of Meta Goodman, a strategic planning process was implemented and rebuilding began. As suggested in the organisational review, changes were made to the structure of the Association, the branches took on greater responsibility for budgeting and management, increased emphasis was placed on education, health promotion and training and more stringent governance, budgeting and accountability processes were put in place. By 2003 the budget was once again in surplus.

Despite internal and external changes and the new emphasis on modern management practices and language, FPAQ continued to operate in ways which had clear links with the past. It was still a member of the national and international federations, was still receiving Federal and State Government funding, and individuals at all levels, in all branches, were contributing significantly to the organisation. FPAQ continued to service metropolitan and regional communities and advocate the needs of minority groups, and it remained expressive of the Queensland environment in which it existed. In a break with the past, in 2004 responsibility for family planning services was devolved from the Commonwealth to the states and Queensland Health became FPAQ’s major source of funding. The functions of the national federation were divided among members and FPAQ took responsibility for management of the International Program.³ When Powell retired from the Association in 2008, links with Queensland Health were strengthened even further with the appointment of Christopher Macaulay who had previously been Manager of the Queensland HIV/AIDS Hepatitis C and Sexual Health Program.⁴ The organisation has become more open in its approach to abortion and its Board includes Dr Caroline da Costa, a Cairns-based obstetrician and gynaecologist, leading advocate of abortion law reform, and Queensland’s first medical practitioner to be given permission to perform medical abortions using RU486.

² *ibid.*

³ FPAQ, *Annual report 2003-04* (Fortitude Valley: FPAQ, 2004), 2; FPAQ, *Annual report 2004-05* (Fortitude Valley: FPAQ, 2005), 2.

⁴ See FPAQ, *Annual Reports 2002-09*.

In the broader environment, much has changed since the early 1970s. The Australian Study of Sex and Relationships conducted in 2001-02 showed that 95 percent of women potentially at risk of unplanned pregnancy were using a contraceptive method at least some of the time, very few of those not using contraception gave ignorance as a reason, and none indicated that they did not use contraception because of lack of access to suitable services.⁵ In the 30 years following FPAQ's establishment, the number of births to teenagers fell by more than two thirds and, likewise, the number of abortions in this age group declined steadily.⁶ Improved sex education, easier access to contraception and abortion, and greater willingness by doctors to prescribe the pill for young women were significant contributing factors.⁷ All were areas in which FPAQ had contributed to change.

From the end of the 1990s, the public health benefits of family planning were increasingly acknowledged. The Public Health Association of Australia stated that the provision of contraception, reproductive health education and safe, legal abortion constituted a package necessary for effective family planning and fertility control and stressed the importance of funding for family planning services. In 2002 the Australian Institute of Health and Welfare recognised sexual and reproductive health as being central to what it means to be human, and of critical importance at an individual, societal and global level.⁸ Internationally, WHO declared that 'reproductive and sexual health is fundamental to individuals, couples and families, and the social and economic development of communities and nations'.⁹

Although the situation has improved vastly since FPAQ began, it is by no means perfect. Despite the advances in contraceptive technology, improvements in services and greater official recognition of the benefits of family planning, there is still no infallible method of contraception. Unwanted pregnancies and abortions continue to occur and attention is regularly drawn to the unacceptably high rates of sexual violence, unwanted sex and STIs in the community, particularly among teenagers. Despite the Department of Health and Aged Care having recommended the development of a comprehensive national sexual and reproductive health strategy in 2000 and attempts to achieve one in the intervening

⁵ Juliet Richters et al., 'Sex in Australia: contraceptive practices among a representative sample of women', *Australian and New Zealand Journal of Public Health* 27 (2003): 215.

⁶ FPQ, Teenage pregnancy indicators: live births and abortions, fact sheet, 2003. Statistics compiled from Australian Bureau of Statistics, *Births Australia*, various years. Cat 3301.0 (Canberra: ABS)

⁷ Australian Bureau of Statistics, 'Teenage fertility', in *Births Australia 1999. Cat 3301.0* (Canberra: ABS, 2000).

⁸ J. Ford et al., *Reproductive health indicators Australia 2002* (Canberra: AIHW, 2003), 2.

⁹ World Health Organization, *Reproductive health: draft strategy to accelerate progress towards the attainment of international development goals and targets*, Geneva: WHO, 2003.

years, such a document has proven to be elusive.¹⁰ A major sticking point has been the difficulty of defining this complex field which embraces not only fertility, infertility, prevention of pregnancy, unplanned pregnancy, reproductive cancers and STIs but also the broader social and cultural aspects of sexual behaviour and sexuality. Added to this is the reluctance of policy makers to move away from disease-focused models of prevention.

Debates surrounding sexual and reproductive health continue to emerge at the national and state levels.¹¹ Fear and moral panic over young people's sexual practices persists.¹² Minors' right to privacy versus parents' right to access health information about their children was raised as an issue in 2003 by Federal Health Minister Tony Abbott. This was prompted by concerns about the risks of youthful sexual experimentation and the need for parental guidance.¹³ Abortion remains contentious in relation to legal issues, the numbers being performed, government payments for late abortions, and acquisition and use of RU486.¹⁴ Controversy erupted in Queensland in 2009 when women needing late-term abortions were forced to travel interstate as doctors in public hospitals refused to operate because of the uncertainty of the law.¹⁵ The Catholic Church still rejects the use of artificial means of contraception, critics incorrectly claim that emergency contraception causes abortion and community awareness of the latter method remains low.¹⁶ Although the political focus on abortion has prompted calls for greater support for family planning services and sex education in schools, the latter is still optional in Queensland and abstinence-only education is being offered in some schools, despite growing evidence of the ineffectiveness of teaching young people to save themselves sexually until marriage.¹⁷

¹⁰ David Bradford, 'The death of a national sexual health strategy?', *Venereology* 14/3 (2001): 97; D. J. Chan and David Bradford, 'A sexual health strategy for Australia: a time for action', *Sexual Health* 1 (2004): 197; Ford et al., *Reproductive health indicators*, 2-3; Sexual Health and Family Planning Australia, Public Health Association of Australia, and Australian Reproductive Health Alliance, *Time for a national sexual and reproductive health strategy : a call for action* (2008), accessed <http://www.shfpa.org.au>, 10 March 2009.

¹¹ 'Australia: sexual and reproductive health in crisis', *ScienceAlert*, 3 November 2008, in IPPF, *News News News*, 3 November 2008, <http://www.ippf.org>.

¹² Anastasia Powell, 'Youth "at risk"? Young people, sexual health and consent', *Youth Studies Australia* 26, no. 4 (2007), 28-35.

¹³ Stefania Siedlecky, 'Minors' right to privacy in Australia', *New Doctor* 82 (2005).

¹⁴ See for example, Leslie Cannold, 'Men behave badly but women pay the price', *Australian*, 19 March 2004; Caroline Overington, 'Women with the law on their side', *Australian*, 25 August, 2008; Mark Oberhardt and Anna Caldwell, 'Court orders abortion: landmark ruling for girl 12', *Courier-Mail*, 27 August 2008; Jamie Walker, 'Exposed: black market abortion drugs being use in terminations', *Australian*, 4 August 2009; Jamie Walker, 'Remote control', *Qweekend*, 15 July 2006, 12-18; Susan Hocking, 'State is behind the times', *Courier-Mail*, 16 March 2009.

¹⁵ Peter Michael, 'Abortion charges provoke protest' *Courier-Mail*, 21 April 2009; Jamie Walker, 'Ruling to shift abortion interstate', *Courier-Mail*, 21 August 2009.

¹⁶ Margaret Wenham, 'Call for campaign to counter myths on morning-after pill', *Courier-Mail*, 8 June 2009.

¹⁷ Benjamin Law, 'Saving yourself', *The Monthly* September (2008), 15-17.

While attitudes towards sexuality-related issues are considered to be more open and accepting of diversity, the fact remains that they are not universally so. This was demonstrated in Gympie in 2008 when gun lobbyist Ron Owen was charged with and found guilty of discrimination for driving with a bumper sticker bearing the words 'Gay rights? Under God's law the only rights gays have is the right to die'.¹⁸ All of these demonstrate the ongoing relevance of issues touched on in the current study and the need for services such as those provided by FPAQ to continue.

In documenting the history of FPAQ, this thesis provides insights into the organisation itself, the individuals who were involved in creating and sustaining it, the wider field in which it was situated and the nature of Queensland society. As a case study in applied history it demonstrates not only the similarities and differences, continuities and discontinuities between the past and the present but also the processes which explain how the present has grown out of the past. It provides a resource which enables topical concerns to be considered in local, national and international contexts. While it touches on some of the differences between FPAQ and the other Australian Family Planning Associations the study recognises that there is scope for additional comparative analysis in this area. Likewise in relation to the international movement, it provides a resource with the potential to shed light on inter-country differences, variations in the expression of local organisations, and ways IPPF has impacted on members in different settings. Given that research and analysis have been conducted with reference to the works of organisation and social movement theorists, the thesis also provides a case study for further investigation by scholars in those fields.¹⁹

On a number of occasions Dr Alan Blunt returned to FPAQ and stated the view that if the organisation had been doing the job properly it would have worked its way out of existence. This was far from the reality of what happened. FPAQ was still there after 30 years because it was offering more than the medical services which had been the main focus when he left. At the beginning of the twenty-first century it was providing an integrated suite of clinic, training, education and health promotion services for which there was government support and community and professional demand. From small beginnings FPAQ had become a valued part of the status quo in terms of sexual and reproductive health services. As subsequent events have demonstrated, it is likely to remain so well into the future.

¹⁸ Glenis Green, 'Lesbians shame lobbyist', *Courier-Mail*, 24 September 2008; Glenis Green, 'Still shooting from the hip', and Des Houghton, 'Media fires blanks as freedom dries up', *Courier-Mail*, 27-8 September 2008.

¹⁹ See, for example, Soren Christensen and Jan Molin, 'Origin and transformation of organizations: institutional analysis of the Danish Red Cross', in *The institutional construction of organizations: international and longitudinal studies*, ed. Soren Christensen and Jan Molin (Thousand Oaks, CA: Sage, 1995), 67-90.

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Box 2

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Box 3

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Early Days Rockhampton

Early Days Townsville
Early Days Gold Coast
Early Days Mt Gravatt & Ipswich
Early Days Toowoomba and Mt Isa
Early Days Inala
Early Newsletters
Early Newsclips
Early Submissions
Early Days FPAQ & FPAA
History of Family Planning in Australia

Box 5

National Family Planning Day
Teaching about Sex Launch and Opening of Library
Opening 100 Alfred Street
Men Too
Condom Vending Machine
Women Men & AIDS
Twentieth Anniversary Dinner
Emergency Contraception
Cleo Safe Sex Guide
Wendy Darvill Disappearance
Puberty Plus
Within Reach: a resource for parents about sexuality

Box 6

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Box 7

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Box 8

Australian Reproductive Health Alliance

Commonwealth Dept Health

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FPA Rural strategy

Drug companies 1983-2001

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Box 11

Analysis of branches

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